



Hampshire County Council

REPORT

OF THE

County Medical Officer

H. LESLIE CRONK, M.A., M.D., D.P.H.,

for the year

1932

(Including the Forty-Third Annual Health Returns and Statistics).

Southend-on-Sea:

W. H. HOULDERSHAW, LIMITED, PRINTERS, 49, LONDON ROAD.

CONTENTS.

	Page
Area and Population	1
Vital Statistics	2—16
Birth Rate	2
Cancer	15
Death Rate	3
Heart Disease	15
Infant Mortality	14
Maternal Mortality	16, 43
Respiratory Diseases	14
Tuberculosis	13
General Provision of Health Services	17—26
Drainage and Sewerage... ..	19
Health Education... ..	26
Hospital Accommodation	25
Housing	22
Provision of Services—Public Assistance Committee	25
Public Health Officers of L.S. Authorities	17
Scavenging	21
Transferred Services under L.G. Act... ..	24
Water Supply	18
Maternity and Child Welfare	26—58
Maternity	26—45
Ante-Natal Clinics	26—29
Births, Notification of	46
Fees of Doctors	30
Illegal Practice of Midwifery	34
Institutional Accommodation	35—41
Nursing Homes	40
Public Assistance Institutions	38
Unmarried Mothers	40
Maternal Mortality	41
Maternity Outfits	35
Midwifery	29—35
Fees of Doctors called in by Midwives	30
Illegal Practice of Midwifery	34
Inspection of Midwives	30
Lectures to Midwives... ..	34
Provision of Midwives	29
Sterilized Maternity Outfits... ..	35
Ophthalmia Neonatorum	45
Puerperal Fever and Pyrexia	41
Stillbirth	43
Child Welfare	45—58
Births, Notification of	46
Breast Feeding of Infants... ..	47
Centres	47—55
Treatment of Defects	56
Defective Vision	56
Orthopædic Conditions	58
Teeth of Children	56
„ „ Nursing Mothers	56
Tonsils and Adenoids... ..	56
Infant Life Protection	56

CONTENTS.		Page
Infectious Diseases, Prevalence of and Control...	...	59—66
Acute Poliomyelitis and Polio-encephalitis...	...	65
Cerebro-spinal Fever ... ..	...	66
Deaths from Principal Infectious Diseases...	...	66
Diphtheria ... ..	...	65
Dysentery ... ..	...	66
Enteric Fever ... ..	...	65
Hospital Isolation ... ..	...	66
Infectious Diseases, Other ... ..	...	66
Smallpox ... ..	...	66
Notification of Infectious Diseases ... ..	...	59, 63, 64
Ophthalmia Neonatorum ... ..	...	66
Pneumonia ... ..	...	65
Puerperal Pyrexia and Fever ... ..	...	65
Scarlet Fever ... ..	...	65
Smallpox ... ..	...	59—66
Tuberculosis ... ..	...	66
Vaccination ... ..	...	59
Tuberculosis ... ..	...	67—77
Arrangement of Work ... ..	...	76
Bone and Joint Tuberculosis in Children ... ..	...	70
Deaths from ... ..	...	67—69
Dental Treatment ... ..	...	76
Diagnosis, Bacteriological ... ..	...	77
Diagnosis, X-Ray ... ..	...	77
Dispensaries ... ..	...	76
Dispensary Work ... ..	...	74—75
Extra Nourishment ... ..	...	77
Family History in relation to Tuberculosis...	...	70
New Cases ... ..	...	70
Notifications ... ..	...	69
Pleurisy ... ..	...	71
Sanatorium Treatment ... ..	...	71
Shelters ... ..	...	77
Treatment, Results of Institutional ... ..	...	72, 73
Inspection and Supervision of Food ... ..	...	77—87
Food and Drugs ... ..	...	85—87
Milk Supply ... ..	...	77—81
Accredited Milk Producers, Register of ... ..	...	80
Clean Milk Competitions ... ..	...	80
Supervision of Milk Supply by Local Authorities ... ..	...	77—79
Milk and Dairies Act and Order... ..	...	81—83
Tuberculous Milk ... ..	...	82
Tuberculosis Order, 1925 ... ..	...	84
Analysis of Work Done ... ..	...	84
Food and Drugs ... ..	...	85—87
Prosecutions ... ..	...	85
Samples taken ... ..	...	86—87
Venereal Diseases ... ..	...	88—93
Clinics ... ..	...	88
Gonorrhœa—New Cases ... ..	...	90
Treatment of ... ..	...	91
In-patient Treatment ... ..	...	92
Laboratory Work ... ..	...	93, 94
Proportion of Gonorrhœa to Syphilis ... ..	...	91
„ „ Venereal Disease to Non-Venereal Disease ... ..	...	92
Syphilis—New Cases ... ..	...	88
Treatment of ... ..	...	89
Wassermann Reaction ... ..	...	93
County Laboratories ... ..	...	93—95
Bacteriological Examinations ... ..	...	94
Chemical Analyses ... ..	...	95
Fees Charged ... ..	...	93
Laboratory Examinations ... ..	...	95
Special Examinations ... ..	...	95



HAMPSHIRE COUNTY COUNCIL

REPORT FOR THE YEAR 1932

BY THE
COUNTY MEDICAL OFFICER

Area and Population

The total area is now 931,803 acres. There was a slight change in the area of the Administrative County in 1932, owing to extensions of the County Borough of Portsmouth. On the 1st April, 1932, considerable alterations in the number and constitution of the Urban and Rural Districts took place. There are now 15 instead of 17 Urban Districts and 11 instead of 22 Rural Districts. The population of the County according to the Registrar General's estimate at the middle of 1932 was 475,900; for the reasons noted later this population is the same for the purposes of calculating both birth and death rates.

	Area in acres	Population Mid. 1932	Persons per acre
Urban Districts	97,199	264,100	2.72
Rural Districts	834,604	211,800	0.25
Administrative County	931,803	475,900	0.51

Vital Statistics for 1932.

The boundary of every District in the Administrative County, with the exception of Aldershot, was altered on the 1st April, 1932. One result of this is to make it impossible to calculate birth and death rates in the ordinary way.

It was hoped that the Registrar General would have been able to re-distribute the births and deaths for the first quarter, grouping them under the newly constituted areas, but as this could not be done, special means had to be taken for making the necessary calculations.

It will be seen that in the appropriate tables the newly constituted districts are shewn in ordinary type and against them are given the figures for the last three quarters and there will be found inset in smaller type the names of the districts which have been abolished as such with the figures for the first quarter.

VITAL STATISTICS

In the column headed Population there are two sets of figures: in the first the estimated population at Mid. 1932; and in the second a figure specially calculated for the purpose of working out the birth and death rates. It should be specially noted that this figure has no other significance.

Having to calculate rates for such a short period as one quarter only and that for relatively small districts has resulted in figures which are altogether misleading. For example, in one case the infant mortality is shewn as 125 whereas a reference to rates in another part of the same district will shew that this figure is more than double the real rate.

It will be noted that the Registrar General has now abandoned the method of giving separate populations for birth and death rates and in an explanatory note which accompanied the statistics he says "As deaths of persons serving with H.M.'s Forces are now allocated to their area of residence in the same manner as civilian deaths, the adjusted population will apply to both birth and death rates." In a County such as Hampshire the effect of this is to reduce the death rates.

Vital Statistics.

Birth Rate.

The following table shows the number of live births occurring in the County during the year under review, and for the previous ten years, as distributed between urban and rural districts: the birth rate for England and Wales is also given for comparison.

Births occurring in the County since 1922.

Year	Urban District		Rural Districts		Administrative County		Rate in England and Wales
	Number	Rate	Number	Rate	Number	Rate	
1922	3653	19.6	4321	19.2	7974	19.4	20.4
1923	3761	20.0	4240	18.6	8001	19.2	19.7
1924	3545	18.3	4213	17.9	7758	18.1	18.8
1925	3616	18.4	4118	17.2	7734	17.8	18.3
1926	3486	17.9	4089	16.8	7575	17.3	17.8
1927	3431	17.1	4052	16.6	7483	16.9	16.6
1928	3592	17.6	4226	16.8	7818	17.1	16.7
1929	3490	16.7	4131	16.2	7621	16.5	16.3
1930	3566	16.9	4081	16.2	7647	16.5	16.3
1931	3673	17.3	3989	15.6	7662	16.3	15.8
Average 1922-1931	3581	18.0	4146	17.1	7727	17.5	17.7
1932	4158	16.5	3441	15.3	7599	15.9	15.3

The actual number of births in 1932 in the County was the lowest since 1927 and the rate the lowest yet recorded. The rate for this County has now for the past five years been higher than for England and Wales, and in 1932 this disparity was continued in spite of the reduction in the Urban District rate from 17.3 to 16.5, due no doubt to the extension in their boundaries.

The total number of births (live and still) registered in the Administrative County during 1932 was 7,862 distributed as shown in the following table.

	Male	Female	Total
Urban Districts	2144	2148	4292
Rural Districts	1844	1726	3570
Administrative County	3988	3874	7862

The number of births in this table is the number of births as re-allocated by the Registrar-General and cannot be compared with the number of births mentioned in the Table of Notification of Births which does not include those occurring in the Boroughs of Aldershot and Winchester.

During 1932, 263 stillbirths were registered, which gives a rate of 37 per thousand total births, which is the same as in the previous year.

Among illegitimate births the stillbirth rate was 44 per thousand (15 stillbirths and 342 live), while 34 per thousand among legitimate (248 stillbirths and 7,257 live).

Legitimate births (still and live) numbered 7,505 and illegitimate 357, giving a rate of 4.8 illegitimate per 100 legitimate.

Death Rate.

The following table shows the distribution of deaths occurring in the Administrative County between urban and rural districts and compares the death rate of the County with the death rate for England and Wales.

Deaths occurring in the County since 1922.

Year	Urban Districts		Rural Districts		Administrative County		Rate in England and Wales
	Number	Rate	Number	Rate	Number	Rate	
1922	1920	11.1	2551	11.5	4471	11.3	12.8
1923	1812	10.4	2311	10.4	4123	10.4	11.6
1924	1983	11.3	2571	11.3	4554	11.3	12.2
1925	1933	10.9	2576	11.2	4509	11.1	12.2
1926	1905	10.8	2589	11.1	4494	10.9	11.6
1927	2159	11.9	2805	12.0	4964	11.9	12.3
1928	2076	11.2	2503	10.3	4579	10.7	11.7
1929	2398	12.7	3090	12.6	5488	12.7	13.4
1930	2091	11.0	2781	11.4	4872	11.3	11.4
1931	2271	11.8	2796	11.3	5067	11.5	12.3
Average 1922-1931	2055	11.3	2657	11.3	4712	11.3	12.1
1932	2735	10.8	2549	11.4	5284	11.1	12.0

It will be noted that the death rate for the County is lower than in 1931, the decrease being greater than over the country generally, no doubt partly at least due to the inclusion this year of the military population for the purpose of this calculation.

With regard to sex, the total number of deaths registered during the year 1932 was distributed as follows:—

					Male	Female	Total
Urban Districts	...	...	...	...	1436	1299	2735
Rural Districts	...	...	...	...	1292	1257	2549
Administrative County	...	...	...	...	2728	2556	5284

The natural increase in the population of the County during 1932, being excess of births over deaths, was 2,315, as compared with 2,595 in 1931 and 2,775 in 1930.

BIRTHS AND

URBAN DISTRICTS.

ADMINISTRATIVE AREA	*POPULATION		BIRTHS (EXCLUSIVE OF STILL-BORN)							DEATHS (EXCLUSIVE OF STILL-BORN)		DEATHS UNDER ONE YEAR	
	Estimated Mid. 1932	For calculating Birth & Death Rates	Legitimate		Illegitimate		Total	Rate per 1,000 Total Population	Total	Rate per 1,000 Civil Population	Number	Rates per 1,000 Births	
			M.	F.	M.	F.							
ALDERSHOT	33890	33890	317	341	15	19	692	20.4	265	7.8	22	32	
ALTON	7114	6854	48	40	—	3	91	13.3	103	15.0	8	88	
ANDOVER	10270	10170	99	81	3	5	188	18.5	99	9.7	4	21	
BASINGSTOKE	14320	14230	91	117	4	1	213	15.0	144	10.1	7	33	
CHRISTCHURCH	11830	11250	93	87	8	4	192	17.1	128	11.4	12	62	
EASTLEIGH	24000	22710	163	154	7	7	331	14.6	270	11.9	19	57	
FAREHAM	22460	19810	171	168	7	10	356	18.0	223	11.3	13	37	
FARNBOROUGH	19990	19210	165	184	3	3	355	18.5	166	8.6	18	51	
FLEET	7579	6769	45	36	—	2	83	12.3	70	10.3	5	60	
GOSPORT	38750	38720	358	349	16	17	740	19.1	447	11.5	39	53	
HAVANT AND WATERLOO	21910	16430	120	110	4	5	239	14.5	168	10.2	8	33	
Havant	—	1150	9	5	—	—	14	12.2	16	13.9	—	—	
Warblington	—	1140	7	6	1	1	15	13.2	11	9.6	—	—	
LYMINGTON	15650	13040	58	88	5	4	155	11.9	155	11.9	3	19	
Milton	—	1350	8	5	—	1	14	10.0	18.	13.3	1	71	
PETERSFIELD	5634	5364	43	33	—	2	78	14.5	66	12.3	3	38	
ROMSEY	5863	5633	49	32	2	1	84	14.9	76	13.5	4	48	
WINCHESTER	24840	24700	146	161	7	4	318	12.9	310	12.6	18	57	
TOTAL—Urban Districts	264100	252420	1990	1997	82	89	4158	16.5	2735	10.8	184	44	
TOTAL—Rural Districts	211800	224240	1693	1577	82	89	3441	15.3	2549	11.4	174	51	
TOTAL—COUNTY	475900	476660	3683	3574	164	178	7599	15.9	5284	11.1	358	47	

The first column under this heading gives the population of the newly constituted districts as estimated at the middle of 1932. The second column shews against each district (old and new) a figure specially prepared for the purpose of calculating birth and death rates. See Note on Page 1.

DEATHS, 1932.

RURAL DISTRICTS.

ADMINISTRATIVE AREA	*POPULATION		BIRTHS (EXCLUSIVE OF STILL-BORN)							DEATHS (EXCLUSIVE OF STILL-BORN)		DEATHS UNDER ONE YEAR	
	Estimated Mid. 1932	For calculating Birth & Death Rates	Legitimate		Illegitimate		Total	Rate per 1,000 Total Population	Total	Rate per 1,000 Civil Population	Number	Rate per 1,000 Births	
			M.	F.	M.	F.							
ALTON	20550	20370	172	157	1	10	340	16.7	186	9.1	20	59.7	
ANDOVER	14090	14190	109	97	7	2	215	15.2	126	8.9	5	23	
BASINGSTOKE	14240	14450	94	76	6	8	184	12.7	159	11.0	13	71	
DROXFORD	17890	16810	127	124	14	7	272	16.2	199	11.8	13	48	
Fareham	—	4050	33	34	7	1	75	18.5	54	13.3	6	80	
HARTNEY WINTNEY	16230	17640	130	132	11	7	280	15.9	205	11.6	15	54	
Havant	—	2975	15	15	1	—	31	10.4	45	15.1	3	97	
KINGSCLERE AND WHITCHURCH	15090	11310	81	74	2	3	160	14.1	129	11.4	3	19	
Kingsclere	—	2160	11	16	1	—	28	13.0	27	12.5	1	36	
Whitchurch	—	1630	12	16	—	—	28	17.2	23	14.1	2	71	
NEW FOREST	31680	29910	229	206	6	10	451	15.1	350	11.7	27	60	
Lymington	—	3030	22	20	—	—	42	13.9	44	14.5	3	71	
PETERSFIELD	14930	14110	92	110	6	6	214	15.2	163	11.6	8	37	
Catherington	—	1760	14	15	—	—	29	16.5	26	14.8	2	69	
RINGWOOD AND FORDINGBRIDGE	18260	13700	113	92	5	7	217	15.8	137	10.0	10	46	
Christchurch	—	1380	7	6	—	1	14	10.1	30	21.7	1	71	
Fordingbridge	—	1635	14	8	1	1	24	14.7	27	16.5	3	125	
Ringwood	—	2130	14	9	3	3	29	13.6	39	18.3	3	103	
ROMSEY AND STOCKBRIDGE	17590	13200	105	105	4	9	223	16.9	131	9.9	7	31	
Hursley	—	1620	16	11	—	1	28	17.3	27	16.7	—	—	
Romsey	—	1990	14	19	1	1	35	17.6	32	16.1	2	57	
Stockbridge	—	1600	6	6	2	1	15	9.4	24	15.0	1	67	
WINCHESTER	31250	26850	211	195	4	10	420	15.6	288	10.7	19	45	
Alresford	—	1800	17	9	—	—	26	14.4	35	19.4	3	115	
South Stoneham	—	3940	35	25	—	1	61	15.5	43	10.9	4	66	
TOTAL—Rural Districts	211800	224240	1693	1577	82	89	3441	15.3	2549	11.4	174	51	

GENERAL MORTALITY

URBAN

DISTRICT	Area in Acres	*POPULATION		Typhoid and Paratyphoid Fevers	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Encephalitis Lethargica	Cerebro-Spinal Fever	Tuber. of Respiratory System.	Other Tuberculous Diseases	Syphilis	General Paralysis of the Insane	Tuberculous Diseases	Cancer (Malignant Disease)
		Estimated Population Mid. 1932	For calculating Birth and death rates.														
ALDERSHOT ...	4176	33890	33890	—	6	—	3	—	3	—	6	15	7	—	3	35	
ALTON ...	4160	7114	6854	—	—	—	1	1	—	—	—	6	5	—	1	12	
ANDOVER ...	6381	10270	10170	—	—	—	—	—	3	—	—	4	—	2	—	8	
BASINGSTOKE ...	5180	14320	14230	—	—	—	1	—	7	—	—	5	2	—	—	18	
CHRISTCHURCH	4813	11830	11250	—	—	—	—	—	4	—	—	7	—	—	1	18	
EASTLEIGH ...	6269	24000	22710	—	—	—	2	1	13	—	1	20	7	—	—	40	
FAREHAM ...	18352	22460	19810	—	—	—	—	1	2	1	1	11	—	—	2	25	
FARNBOROUGH ...	4322	19990	19210	—	6	—	1	—	5	1	3	9	1	—	—	21	
FLEET ...	3694	7579	6769	1	1	—	—	—	3	—	—	3	1	—	—	10	
GOSPORT ...	6177	38750	38720	—	3	—	1	1	12	2	—	25	6	2	1	52	
HAVANT AND WATERLOO ...	12074	21910	16430	—	—	—	—	3	5	—	—	11	2	—	4	26	
Havant ...	—	—	1150	—	—	—	—	—	1	—	—	—	—	—	—	5	
Warblington	—	—	1140	—	—	—	—	—	1	—	—	—	—	—	—	2	
LYMINGTON	13730	15650	13040	—	—	—	—	—	1	—	—	6	1	1	—	24	
Milton ...	—	—	1350	—	—	—	—	—	2	—	—	—	—	—	—	1	
PETERSFIELD ...	2771	5634	5364	—	—	—	—	—	3	—	—	1	1	—	1	11	
ROMSEY ...	1212	5863	5633	—	—	—	2	—	3	—	—	1	—	—	—	12	
WINCHESTER ...	3888	24840	24700	—	—	—	—	1	4	1	—	9	2	1	—	41	
TOTAL, Urban ...	97199	264100	252420	1	16	—	11	8	72	5	11	133	35	6	13	361	
TOTAL, Rural ...	834,604	211800	224240	2	8	1	10	5	86	3	2	98	26	5	7	304	
ADMINISTRATIVE COUNTY ...	931803	475900	476660	3	24	1	21	13	158	8	13	231	61	11	20	665	

*The first column under this heading gives the population of the newly constituted districts as estimated at the middle of 1932. The death rates.

RETURNS, 1932.
DISTRICTS.

Diabetes	Cerebral Ha- morrhage, etc.	Heart Disease	Aneurysm	Other Circula- tory Diseases	Bronchitis	Pneumonia (all forms)	Other Respira- tory Diseases	Peptic Ulcer	Diarrhoea, etc. (under 2 years)	Appendicitis	Cirrhosis of Liver	Other Diseases of Liver, &c.	Other Diges- tive Diseases	Acute&Chronic Nephritis	Puerperal Sepsis	Other Puer- peral Causes	Congl. Debility, Prenat. Birth Malformations, etc.	Senility	Suicide	Other Violence	Other Defined Diseases	Causes il-defined or unknown
3	20	46	1	4	8	18	5	2	1	1	—	3	3	7	1	3	11	12	6	12	20	—
—	3	27	1	7	3	4	1	—	—	2	—	2	1	3	1	—	6	8	—	3	5	—
—	5	20	1	5	10	5	2	—	—	1	1	—	3	6	—	1	2	6	3	4	6	1
3	4	32	1	7	4	5	4	1	—	1	—	—	2	8	1	—	3	14	5	4	11	1
1	13	42	—	6	2	4	—	1	—	2	1	—	2	2	—	—	9	—	2	1	10	—
4	11	48	1	15	4	17	8	3	—	1	2	1	7	11	2	—	14	5	4	6	21	1
4	14	46	1	7	10	9	4	1	—	1	2	—	10	9	1	2	5	17	4	13	20	—
2	5	36	2	8	1	8	—	—	1	1	2	—	3	3	1	3	13	2	4	9	14	1
1	1	25	1	1	2	4	—	—	—	3	—	—	—	1	—	—	4	—	1	—	6	1
8	26	68	4	5	30	40	7	2	6	2	1	2	5	16	—	1	13	44	7	11	44	—
3	10	34	1	8	2	8	1	3	—	—	—	1	3	7	1	—	6	6	3	5	15	—
—	—	4	—	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—
—	—	2	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	3	1	—
3	12	33	—	10	2	12	5	1	—	—	—	—	3	10	1	—	2	14	1	1	12	—
—	2	2	—	—	1	1	1	1	—	—	1	—	2	1	—	—	2	—	—	—	1	—
1	2	16	—	10	1	—	1	—	1	—	—	—	2	5	—	—	1	—	—	3	6	—
—	3	18	—	2	2	4	2	1	—	2	—	1	2	—	—	2	3	6	1	3	6	—
5	15	83	—	16	9	23	6	3	1	4	—	1	7	2	1	1	14	26	3	9	22	—
38	146	582	14	112	92	163	48	19	10	22	10	11	56	91	10	13	108	160	44	88	221	5
30	112	609	7	149	79	156	23	21	17	18	7	18	58	98	6	13	101	99	26	112	223	10
68	258	1191	21	261	171	319	71	40	27	40	17	29	114	189	16	26	209	259	70	200	444	15

second column shews against each district (old and new) a figure specially prepared for the purpose of calculating birth and
See Note on Page 1.

GENERAL MORTALITY
RURAL

DISTRICT	Area in Acres	*POPULATION		Typhoid and Paratyphoid Fevers	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Encephalitis Lethargica	Cerebro-Spinal Fever	Tuberculosis of Respiratory System	Other Tuberculous Diseases	Syphilis	General Paralysis of the Insane Tabes Dorsalis	Cancer (Malignant Disease)
		Estimated Population Mid. 1932	For calculating Birth & Death Rates													
ALTON	65529	20550	20370	—	2	—	2	—	6	1	—	8	—	—	17
ANDOVER	67808	14090	14190	—	2	—	—	2	6	1	—	4	1	—	12
BASINGSTOKE	74790	14240	14450	—	—	—	2	—	7	—	—	3	1	—	11
DROXFORD	62773	17890	16810	1	—	—	—	—	3	—	1	7	4	—	19
Fareham	—	—	4050	—	—	—	—	—	2	1	—	3	2	—	4
HARTLEY WINTNEY	...	50715	16230	17640	—	1	—	1	1	7	—	—	12	3	—	24
Havant	—	—	2975	—	—	—	—	—	2	—	—	1	—	—	7
KINGSCLERE AND WHITCHURCH	...	77394	15090	11310	—	—	—	—	—	—	—	—	5	1	—	16
Kingsclere	—	—	2160	—	—	—	—	—	3	—	—	1	—	—	6
Whitchurch	—	—	1630	—	—	—	—	—	1	—	—	—	—	—	3
NEW FOREST	94954	31680	29910	—	—	—	1	2	11	—	—	9	3	2	45
Lymington	—	—	3030	—	—	—	—	—	4	—	—	4	—	—	4
PETERSFIELD	56388	14930	14110	—	1	—	—	—	1	—	—	9	2	—	23
Catherington	—	—	1760	—	—	—	—	—	—	—	—	2	—	1	2
RINGWOOD AND FORDINGBRIDGE	...	90143	18260	13700	—	—	—	1	—	1	—	—	4	1	—	23
Christchurch	—	—	1380	—	—	—	—	—	3	—	—	1	—	—	3
Fordingbridge	—	—	1635	—	—	—	—	—	5	—	—	1	—	—	1
Ringwood	—	—	2130	—	2	—	—	—	4	—	—	1	—	—	1
ROMSEY AND STOCKBRIDGE	...	83674	17590	13200	1	—	—	1	—	4	—	—	2	2	2	27
Hursley	—	—	1620	—	—	—	—	—	2	—	—	2	—	—	6
Romsey	—	—	1990	—	—	—	—	—	2	—	—	—	—	—	4
Stockbridge	—	—	1600	—	—	—	—	—	4	—	—	—	—	—	2
WINCHESTER	110436	31250	26850	—	—	1	2	—	2	—	—	14	6	1	33
Alresford	—	—	1800	—	—	—	—	—	4	—	—	2	—	—	4
South Stoneham	—	—	3940	—	—	—	—	—	2	—	1	3	—	—	7
TOTAL RURAL	834604	211800	224240	2	8	1	10	5	86	3	2	98	26	5	304

*The first column under this heading gives the population of the newly constituted districts as estimated at the middle of 1932. The death rates.

RETURNS, 1932.
DISTRICTS.

Diabetes	Cerebral Hæ- morrhage, etc.	Heart Disease	Aneurysm	Other Circula- tory Diseases	Bronchitis	Pneumonia (all forms)	Other Respira- tory Diseases	Peptic Ulcer	Diarrhœa, etc. (under 2 years)	Appendicitis	Cirrhosis of Liver	Other Diseases of Liver, &c.	Other Diges- tive Diseases	Acute&Chronic Nephritis	Puerperal Sepsis	Other Puer- peral Causes	Congenital Debility, Premature Birth Malformation, etc.	Senility	Suicide	Other Violence	Other Defined Diseases	Causes ill-defined or unknown
3	13	39	2	12	6	11	3	3	—	1	—	1	4	5	—	3	14	11	—	6	10	3
1	8	38	—	4	4	3	1	2	—	1	1	1	1	5	—	—	4	3	1	5	13	1
1	5	34	—	5	6	11	1	1	2	3	2	2	5	3	—	—	7	19	1	15	12	—
2	8	53	1	12	4	8	3	—	1	1	—	2	9	10	—	2	6	12	4	6	20	—
—	1	13	—	2	3	5	1	—	—	1	—	—	—	6	1	—	4	1	1	1	2	—
3	9	46	1	23	7	14	1	—	1	—	2	2	5	4	1	—	9	4	—	8	15	—
1	1	9	—	2	2	2	2	1	—	—	—	1	—	2	—	—	3	2	—	1	6	—
3	3	43	—	6	—	4	1	2	—	3	—	2	6	4	2	—	2	3	1	10	12	—
—	—	8	—	1	—	3	—	—	—	—	—	1	1	1	—	—	1	—	—	—	1	—
—	1	6	—	1	1	1	—	—	1	—	—	—	—	1	—	—	1	2	1	—	3	—
3	21	71	—	17	12	24	3	2	7	—	1	2	8	26	—	1	13	9	3	16	37	—
1	3	8	—	2	—	6	1	—	—	—	—	—	4	—	1	—	2	1	—	—	2	1
3	5	34	1	13	5	16	1	1	—	1	—	1	3	3	—	2	2	7	1	8	18	1
—	—	8	—	1	—	5	—	—	—	—	—	—	—	—	—	—	2	1	1	2	1	—
2	3	35	—	11	1	4	2	—	1	2	—	1	2	5	1	1	6	3	3	8	13	2
—	7	10	—	—	2	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—
1	—	4	—	3	—	3	—	—	—	1	—	—	1	1	—	—	3	1	1	1	—	—
—	3	7	—	4	7	—	—	—	—	—	—	—	—	2	—	—	—	1	—	3	4	—
2	3	22	—	7	6	10	2	2	—	1	—	—	2	—	—	1	7	5	1	5	15	1
—	3	8	—	—	1	1	—	1	—	—	—	1	—	—	—	—	—	—	—	1	1	—
—	1	9	—	2	—	2	—	—	—	—	—	—	—	1	—	1	1	4	1	—	4	—
1	2	3	—	—	5	—	—	1	—	—	—	—	—	2	—	—	—	2	—	—	2	—
3	7	78	2	17	6	19	1	3	2	3	1	1	7	14	—	2	10	7	3	15	26	1
—	2	10	—	2	—	2	—	2	1	—	—	—	—	1	—	—	2	—	2	—	1	—
—	3	13	—	2	1	1	—	—	1	—	—	—	—	2	—	—	1	1	1	1	3	—
30	112	609	7	149	79	156	23	21	17	18	7	18	58	98	6	13	101	99	26	112	223	10

second column shews against each district (old and new) a figure specially prepared for the purpose of calculating birth and See Note on Page 1.

URBAN DISTRICTS.

CAUSES OF DEATH	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	75 and upwards
Typhoid and para- Typhoid Fevers ...	1									1		
Measles ...	16	4	3	5	4							
Scarlet Fever ...												
Whooping-cough ...	11	2	7		2							
Diphtheria ...	8			2	6							
Influenza ...	72		1	1	2	1	4	8	10	10	16	19
Encephalitis Lethargica...	5						1	1	2			1
Cerebro-Spinal Fever ...	11	1		1	2	6	1					
Tuberculosis of Respira- tory System ...	133			1		21	32	27	23	17	11	1
Other Tuberculous Diseases	35	2	2	10	5	6	3	5	2			
Syphilis ...	6						1	2	1	1	1	
General Paralysis of the Insane, Tabes dorsalis	13						1	2	1	5	4	
Cancer, Malignant Disease	361	1				1	1	26	48	93	117	74
Diabetes ...	38				1		1	1		11	16	8
Cerebral Hæmorrhage, etc.	146					1	1	5	11	25	49	54
Heart Disease ...	582				2	5	8	17	17	93	187	253
Aneurysm ...	14					1	1		2	7	2	1
Other Circulatory Diseases	112							1	3	11	34	63
Bronchitis ...	92	7	4					2	4	11	16	48
Pneumonia (all forms) ...	163	26	16	6	7	7	8	14	12	24	25	18
Other Respiratory Diseases	48	3	2	1	1	1	3	4	4	10	10	9
Peptic Ulcer ...	19						2	1	4	8	2	2
Diarrhœa, etc. ...	23	10		1	2	1			1	1	2	5
Appendicitis ...	22	1		2	4	3	1	1		3	6	1
Cirrhosis of Liver ...	10								1	2	5	2
Other Diseases of Liver, etc.	11			1		1	1	2	1	3	1	1
Other Digestive Diseases	43	2			5	2	1	4	6	7	9	7
Acute & Chronic Nephritis	91		1		1	5	1	5	9	22	23	24
Puerperal Sepsis ...	10					1	7	2				
Other Puerperal Causes	13						8	4	1			
Congenital Debility, Pre- mature Birth, Malforma- tions, etc. ...	108	106			1	1						
Senility ...	160									1	22	137
Suicide ...	44					5	11	9	5	6	7	1
Other Violence ...	88		3	3	14	17	7	3	9	9	8	15
Other Defined Diseases...	221	19	6	4	12	11	15	14	24	33	44	39
Causes ill-defined or unknown ...	5										3	2
All Causes ...	2735	184	45	38	71	97	120	160	201	414	620	785

AT, DEATH DURING THE YEAR, 1932.
RURAL DISTRICTS.

CAUSES OF DEATH	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	75 and upwards
Typhoid para- Typhoid Fevers ...	2					1		1				
Measles ...	8	1	2	3	2							
Scarlet Fever ...	1									1		
Whooping-cough ...	10	5	4		1							
Diphtheria ...	5			1	2					1		1
Influenza ...	86	4		1	2	2	2	6	8	11	15	35
Encephalitis Lethargica ...	3			1			2					
Cerebro Spinal Fever ...	2	1		1								
Tuberculosis of Respira- tory System ...	98				1	13	28	19	21	10	5	1
Other Tuberculous Diseases	26	3	3	5	2	4	4		1	2	2	
Syphilis ...	5	1					1	2			1	
General Paralysis of the Insane, Tabes dorsalis	7						1	2	2	1	1	
Cancer, Malignant Disease	304					1	5	5	34	82	111	66
Diabetes ...	30				1		3		1	8	10	7
Cerebral Hæmorrhage, etc.	112								7	21	38	46
Heart Disease ...	609					5	4	16	26	70	189	299
Aneurysm ...	7								2	3	2	
Other Circulatory Diseases	149				1	1		2	4	20	45	76
Bronchitis ...	79	4						1		5	23	46
Pneumonia (all forms) ...	156	20	9	9	6	6	15	15	14	15	28	19
Other Respiratory Diseases	23		1			2	2	1	3	5	1	8
Peptic Ulcer ...	21							1	2	7	10	1
Diarrhœa, etc.	27	17		1		1	1	2		1	3	1
Appendicitis ...	18			2	3	3	3	1	3	1	1	1
Cirrhosis of Liver ...	7								2	2	1	2
Other Diseases of Liver, etc.	18					1			2	4	4	7
Other Digestive Diseases	48	3		1	4	1		3	8	10	9	9
Acute & Chronic Nephritis	98			1	1	6	3	8	8	20	23	28
Puerperal Sepsis ...	6						3	3				
Other Puerperal Causes	13					3	9	1				
Congenital Debility, pre- mature Birth, Malform- ations, etc. ...	101	98			2				1			
Senility ...	99										12	87
Suicide ...	26					1	3	4	8	5	4	1
Other Violence ...	112	8	1	5	10	18	10	5	14	15	15	11
Other Defined Diseases...	223	8	4	8	13	11	8	14	19	40	61	37
Causes ill-defined or un- known ...	10	1								3	3	3
All Causes ...	2549	174	24	39	51	80	107	112	190	363	617	792

Causes of Death in the Administrative County
during the years 1927-1932.

Diseases	1927	1928	1929	1930	1931	1932
Typhoid and Para-typhoid Fevers ...	4	6	3	1	2	3
Measles ...	41	17	9	58	9	24
Scarlet Fever ...	9	1	6	9	8	1
Whooping Cough ...	29	27	45	23	22	21
Diphtheria ...	19	36	36	22	19	13
Influenza ...	233	64	288	39	133	158
Encephalitis Lethargica ...	9	7	8	8	9	8
Cerebro-spinal Fever ...	7	6	5	6	9	13
Tuberculosis of Respiratory System...	257	240	268	238	242	231
Other Tuberculous Diseases ...	66	63	66	63	63	61
Cancer, Malignant Disease ...	663	632	619	701	674	665
Diabetes ...	35	61	54	58	45	68
Cerebral Hæmorrhage, etc. ...	240	239	281	280	268	258
Heart Disease ...	888	844	1156	1074	1137	1191
Bronchitis ...	261	188	276	143	209	171
Pneumonia (all Forms) ...	256	198	329	223	236	319
Other Respiratory Diseases ...	80	49	76	59	72	71
Peptic Ulcer ...	31	44	37	44	44	40
Diarrhœa, etc. ...	16	29	33	19	33	50
Appendicitis ...	28	29	37	31	39	40
Cirrhosis of Liver ...	21	15	21	16	23	17
Acute and Chronic Nephritis ...	161	184	181	186	165	189
Puerperal Sepsis ...	7	8	17	11	8	16
Other Puerperal Causes ...	13	15	11	18	14	26
Congenital Debility, Premature Birth, Malformation, etc. ...	190	207	208	185	188	209
Suicide ...	59	45	51	50	58	70
Other Violence ...	135	155	173	198	174	200
Syphilis ...					10	11
General Paralysis of the Insane, Tabes Dorsalis ...					16	20
Aneurysm ...					24	21
Other Circulatory Diseases ...	* 1191	1163	1183	1107	* 237	261
Other Diseases of Liver ...					33	29
Other Digestive Diseases ...					129	91
Senility ...					270	259
Other Defined Diseases ...					433	444
Causes Ill-defined or Unknown ...	15	7	11	2	12	15
TOTALS ...	4964	4579	5488	4872	5067	5284
Estimated Population ...	416000	427100	432600	432600	440190	475900
Death Rate per 1,000 ...	11.9	10.7	12.7	11.3	11.5	11.1

* It is necessary to group these in this way owing to changes in nomenclature.

The number of deaths from measles showed an increase as is to be expected in alternate years. Influenza was slightly more fatal; but the deaths from pulmonary tuberculosis decreased. Cancer remains one of the great causes of death, but for the past two years has not increased. Deaths from heart disease are by far the most numerous and fluctuate somewhat with epidemics of influenza, but this year deaths from pneumonia, but not bronchitis, have increased.

The age distribution of deaths is shown in the following summary:—

	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and upwards
1930 ...	336	74	82	121	154	440	1150	1104	1411
Percentage of total deaths	6.9	1.5	1.7	2.5	3.2	9.0	23.6	22.7	29.0
1931 ...	314	60	70	122	157	407	1186	1194	1557
Percentage of total deaths	6.2	1.2	1.4	2.4	3.1	8.0	23.4	23.6	30.7
1932 ...	358	69	77	122	177	499	1168	1237	1577
Percentage of total deaths	6.8	1.3	1.5	2.3	3.4	9.4	22.1	23.4	29.8

The noticeable features of this table are the increase this year in the proportion of deaths under 12 months to the total deaths, with a corresponding increase in the proportion of deaths from 1 to 5 years; the continued slight drop in the proportion of deaths during school life: the increase in the proportion dying during working life, 15—45, which is due largely to pneumonia and secondarily to an increased number of deaths from influenza, heart disease, nephritis, puerperal causes and suicide, which more than counterbalances the diminished number of deaths from pulmonary tuberculosis.

Cause of Death among persons aged 65 and upwards	Year 1930		Year 1931		Year 1932	
	Number	Rate per 1,000 of the population	Number	Rate per 1,000 of the population	Number	Rate per 1,000 of the population
Heart Disease	793	1.8	862	2.0	928	1.9
Cancer ...	388	0.9	375	0.9	368	0.8
Bronchitis ...	110	0.3	150	0.3	133	0.3
Cerebral Haemorrhage	204	0.5	206	0.5	187	0.4
Nephritis ...	120	0.3	92	0.2	98	0.2
Influenza ...	17	0.04	75	0.2	85	0.2
Pneumonia ...	62	0.1	74	0.2	90	0.2

Tuberculosis.

The number of deaths, 292, compares very favourably with past years especially in view of the increased prevalence of influenza, and is the lowest yet recorded. This gives a death rate per thousand population of 0.61, as compared with 0.69 in 1930 and 1931. Further reference is made to this disease later in the report and to the difference made by the incorporation of the army population in the population for calculation of death rates.

Respiratory Diseases account for fewer deaths than in 1931, pneumonia (all forms) and influenza being excluded. It does not seem justifiable to make one group of these three. There was a noticeable increase in deaths from pneumonia.

Infant Mortality.

Infant Mortality is the number of deaths of children under one year calculated per thousand births registered in the same period. In the year under review the rate was 47 per thousand for the whole area as compared with 41 in 1931, 44 in the year 1930, and 56 in the year 1929. The rate for the urban districts was 44 and for the rural areas 51. The rate for England and Wales was 65, the figure for the previous year being 66.

This rate is higher than last year entirely due to the higher rate in the rural districts. The importance of "congenital debility" still figures largely in the causes of death of these infants and far outshadows any other, though deaths from respiratory diseases and diarrhoea are also increased. Owing to the redistribution of districts any comparison would be misleading.

Deaths of Children under One Year since 1922.

Year	Urban Districts		Rural Districts		Administrative County		Rate in England and Wales
	Number	Rate	Number	Rate	Number	Rate	
1922	194	53	222	51	416	52	77
1923	203	54	206	49	409	51	69
1924	213	60	213	51	426	55	75
1925	188	51	214	52	402	52	75
1926	173	50	197	48	370	48	70
1927	157	46	205	51	362	48	69
1928	159	44	198	47	357	46	65
1929	211	60	213	52	424	56	74
1930	156	44	180	44	336	44	60
1931	161	44	153	38	314	41	66
Average 1922-1931	182	51	200	48	382	49	70
1932	184	44	174	51	358	47	65

Cause of Death among children under 12 months of age	Year 1931			Year 1932		
	Number	Percentage of total deaths under 12 months	Rate per 1,000 live births	Number	Percentage of total deaths under 12 months	Rate per 1,000 live births
Congenital Debility	185	58.9	24.2	204	57.0	26.8
Respiratory Diseases	50	15.9	6.5	60	16.8	7.9
Diarrhoea ...	15	4.8	2.0	27	7.5	3.6
Whooping Cough ...	10	3.2	1.3	7	2.0	0.9

The relative importance from the point of view of mortality of certain well-defined diseases or groups of diseases is shown in the following statement:—

Disease	Number of deaths in 1932	Percentage of total deaths in 1932	Percentage of total deaths in 1931	Percentage of total deaths in 1930
Heart Disease	1191	22.5	22.4	22.0
Cancer	665	12.6	13.3	14.4
Tuberculosis (all forms)	292	5.5	6.0	6.2
Pneumonia (all forms)	319	6.0	4.7	4.6
Influenza	158	3.0	2.6	0.8
Cerebral Haemorrhage	258	4.9	5.3	5.7
Bronchitis	171	3.2	4.1	2.9
Violence (including Suicide) ...	270	5.1	4.6	5.1
Congenital Debility and Malformation	209	4.0	3.7	3.8
Acute and Chronic Nephritis ...	189	3.6	3.3	3.8
Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria ...	62	1.2	1.2	2.3

Heart Disease.

This remains the most important cause of death but the rise in the numbers of deaths due to this is entirely at the later years of life.

Year	1929	1930	1931	1932
Age:—Up to 45	58	45	52	57
45 to 65	257	236	223	206
65 to 75	368	315	350	376
Over 75	473	478	512	552

Cancer.

The age grouping of these deaths remains as before.

Year	1929	1930	1931	1932
Age:—Up to 45	38	43	36	40
45 to 65	250	270	263	257
65 to 75	181	219	227	228
Over 75	150	169	148	140

The proportion of deaths per thousand population is slightly lower owing partly to the new methods of calculation.

Maternal Mortality.

The accompanying table shows the Maternal Mortality of this County compared with that of England and Wales since 1921.

Year	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	Average 1921-1931	1932
Administrative County	4.67	3.64	2.50	3.61	4.27	3.04	2.67	2.94	3.67	3.70	2.77	3.75	5.53
England and Wales	3.91	3.81	3.81	3.90	4.08	4.12	4.11	4.42	4.33	4.40	3.95	4.48	4.06

During 1932 the number of women reported to have died as a result of confinement or causes connected therewith was 42. Reference to these deaths will be made in a later section of this report (page 41).

General Provision of Health Services in the County

The Health Services provided directly by the County Council are described in detail in succeeding pages of this report except those concerned with school children which are dealt with separately in my report as School Medical Officer.

Public Health Officers of Local Sanitary Authorities.

The redistribution of County Districts having come into effect on 1st April, 1932, the draft scheme proposed in accordance with Section 58 of the Local Government Act, 1929, was circulated to all District Councils. After consultation with the representatives of several Councils and obtaining the approval of the Ministry of Health the scheme was adopted by the County Council. It is based on the combination of duties under the County Council and under one or more District Councils. This theoretically is a satisfactory method of avoiding overlap and securing efficiency and has been proved by experience to work well and economically.

The following table gives the Medical Officers of Health and Sanitary Inspectors of the District Councils now in existence; as vacancies occur they will be filled in accordance with the scheme.

It will be noticed on comparison with the similar table given in my report for 1930 that instead of 17 Urban Districts there are now 15 and instead of 22 Rural Districts there are now only 11. Whereas in 1930 there were only 13 districts out of 39 served by Medical Officers of Health not engaged in private practice, i.e. 33 per cent., there are now 16 out of 26 or 62 per cent. Some progress has also been made in connection with the appointment of men solely for the duties of Sanitary Inspector; in the majority of cases now remaining where these duties are combined with others the other duties are connected with his sanitary duties or are of comparatively light nature.

URBAN DISTRICTS.

Local Sanitary Authority.	Medical Officer of Health.	Engaged in private practice.	Sanitary Inspector.	Engaged in other duties.
ALDERSHOT	J. C. Lindsay ...	No	F. Whitehead ...	No
ALTON	O. V. Payne ...	Yes	G. H. Webb ...	Yes
ANDOVER	L. Farr ...	Yes	W. G. A. Clark ...	Yes
BASINGSTOKE	*H. D. Kelf... ..	No	B. J. D. Warren ...	Yes
CHRISTCHURCH	*C. C. Morrell ...	No	C. Crowther ...	No
EASTLEIGH	R. R. Garrett ...	Yes	S. W. Coote ...	No
FAREHAM	H. D. Brook ...	Yes	R. J. Barker ...	Yes
FARNBOROUGH	E. C. Watts ...	No	P. W. Bellamy ...	No
FLEET	J. E. Frere... ..	Yes	H. J. Chivers ...	Yes
GOSPORT	G. W. Fleming ...	No	C. E. Carswell ...	No
HAVANT AND WATERLOO	*D. P. MacIver ...	No	W. F. Appleton ...	Yes
LYMINGTON	F. H. Maturin ...	Yes	A. W. Currie ...	Yes
PETERSFIELD	*D. P. MacIver ...	No	H. Livingstone ...	Yes
ROMSEY	*G. Tate ...	No	A. J. Jenvey ...	Yes
WINCHESTER	W. A. B. Young ...	No	P. Rees ...	No

RURAL DISTRICTS.

Local Sanitary Authority.	Medical Officer of Health.	Engaged in private practice.	Sanitary Inspector.	Engaged in other duties.
ALTON	H. C. Williams ...	Yes	A. E. Bennett ...	Yes
ANDOVER	E. A. Farr	Yes	A. W. Johnson ...	Yes
BASINGSTOKE ...	*M. Avent	No	A. C. Holmes ...	No
DROXFORD	E. C. Pern	Yes	H. W. Brooks ...	No
HARTLEY WINTNEY...	*M. Avent	No	G. C. Maslin ...	No
KINGSCLERE AND WHITCHURCH ...	*H. D. Kelf	No	J. W. Simcox ...	Yes
NEW FOREST	G. Habgood	Yes	B. Salter	No
PETERSFIELD ...	*D. P. MacIver ...	No	D. A. Thomas ...	Yes
ROMSEY AND STOCKBRIDGE ...	*G. Tate	No	P. Williams ...	Yes
RINGWOOD AND FORDINGBRIDGE ...	*C. C. Morrell ...	No	R. A. Skelton ...	No
WINCHESTER	G. A. E. Roberts ...	No	F. Hurst	No
			A. E. Green ...	No
			H. J. Smith ...	No

*Also Assistant County Medical Officers.

By the courtesy of the Medical Officers of the Local Sanitary Authorities I have again been furnished with an advance report on some of their activities. It will be noted that many Councils have taken swift action in connection with extensions of sewerage and water supplies schemes to the added areas.

Water Supply.

No changes have been made in the Urban Districts of Aldershot, Basingstoke, Christchurch, Fareham, Havant and Waterloo, Lymington, Petersfield or Winchester or in the Rural Districts of Andover and Kingsclere and Whitchurch. Extensions to new houses have been made in the Urban Districts of Eastleigh and Fleet and the Rural Districts of Alton and Hartley Wintney and extensions to houses with polluted well water in the Urban District of Fareham. Other changes noted are:—

Urban Districts.

Alton. An extension of water supply system to Holybourne is being started and has not yet been completed. Total length of mains to be laid will be about 4,300 yards.

Andover. New Water Supply Scheme was put into operation on 19th October, 1932.

Gosport. The 15in. delivery main has been duplicated from a point in Fareham Road (opposite Foxbury Lane) to the crossroads at Brockhurst. A chlorinating plant was erected at the Soberton Pumping Station at the end of last March, since which date, with the exception of a week or so, the supply to the district has been subjected to slight chlorination.

Romsey. Many further connections have been made with the Southampton Corporation mains, especially in connection with the new sewerage system. There are now probably less than 200 houses, including those recently included by the extension of the boundary, which are unsupplied from the mains.

Rural Districts.

Basingstoke. Extension of main of Manydown Estate Supply from Newfound through St. John's Lane to Pardown, the whole in the Parish of Wootton St. Lawrence. This area previously obtained their water supply by means of rain water tanks.

Droxford. Water laid on from Portsmouth Waterworks Co. to Denmead.

New Forest. Further extensions to mains in Boldre Parish.

Petersfield. Bramshott Parish.—Several extensions to the mains carried out by the Wey Valley Water Co. Liss Parish.—Scheme prepared and which was approved by the Ministry of Health to provide a new storage Reservoir of 100,000 gallons capacity at Hillbrow. Several extensions to the mains and extension to the Pumping Plant at Palmer's Farm. Clanfield Parish.—Several extensions to the mains to meet the development of the Parish, including a main supply to the village of Clanfield. Horndean Parish.—Extension of mains at several points.

Romsey and Stockbridge. The supply to the village of Mottisfont from Mottisfont Abbey has been completed.

Ringwood and Fordingbridge. Small extension of the public mains in Parish of Ringwood.

In connection with the recent memorandum of the Ministry of Health dated the 12th May, 1933, all Rural Districts have been circulated to ascertain the need for alterations or extensions of their water supplies.

Drainage and Sewerage.

Urban Districts.

Aldershot. The Council are proceeding with certain temporary Remedial Works at their Sewage Works and Farm in accordance with the requirements of the Ministry of Health and Thames Conservancy.

Alton. A scheme is under consideration by the Council to provide the whole sewage flow to gravitate to a site at Holybourne. If approved by the Ministry of Health, this scheme will displace the present Disposal Works.

Andover. Extensions of sewers have been carried out to drain eventually the whole of the South-West area of the Borough and extensions of subsidiary sewers have been carried out to prevent the construction of cesspools.

Christchurch. One and a half miles of rising main sewers and over two miles of new sewers and drains laid.

Eastleigh. The sewerage scheme commenced in 1931 was completed in December, 1932, and Leigh Road and Passfield Avenue have been connected up. A scheme is now under construction to connect to the Eastleigh Sewerage System the Chandlers Ford Sewerage System and the houses in the North End district of Chandlers Ford that are not connected up at present.

Fareham. The extension of the drainage area of the old Urban District is being carried out and in certain parts houses draining into cesspools have been connected to the new sewers.

Farnborough. Boundaries extended on 1st April, 1932, to include Parish of Cove and parts of S. Hawley. This new area is at present provided with the conservancy system of drainage but sewers are now being provided, a scheme for which is nearing completion. There have been no changes in the former Urban District.

Havant and Waterloo. Considerable additions to the Hart Plain Sewage Disposal Works have been carried out by the adjoining Petersfield Rural District Council (as the successors of Catherington R.D.C.) to drain parts of the latter district now in the Petersfield area. In the Waterloo Ward of this district 75 properties are being connected to the sewers discharging into these works during the year in consequence of extension of sewers within the area. Extension of sewers have also been made in Connaught Road, Havant, and Park Avenue, Waterloo. Schemes are under consideration for (1) new sewage disposal works at Waterloo to take the place of the present old works on the Hambledon Road; (2) connection of the sewer at the old sewage beds (late Catherington R.D.C.) on the Hulbert Road, Waterloo, to the modern works in close proximity which were completed early in the year.

Romsey. The new sewerage system and sewage purification works begun in 1931 have been completed after many unavoidable delays and house connections are now being laid.

No changes or only minor extensions have been made in the Urban Districts of Basingstoke, Fleet, Gosport, Lymington, Petersfield and Winchester.

Rural Districts.

Hartley Wintney. To that portion of the Odiham Sewerage Scheme which has been completed a further 54 houses have been connected, making a total to date of 104. Work is still proceeding in the North Warnborough area which will accommodate nearly 300 houses. An old and defective length of sewer in the area known as West Green Road, Hartley Wintney, and upon which several adverse reports have been made, has been relaid and arrangements made for pumping the sewage for this area to the high level sewers which gravitate to the existing disposal works. This work was carried out at a cost of £2,500. A proposal to sewer part of Blackwater and Yateley could not be proceeded with owing to the Ministry's refusal of grants.

Petersfield. Bramshott Parish.—A new scheme is in course of construction which will provide drainage facilities for practically 75 per cent. of the population and, which is capable of being extended. Outfall works at the north extreme end of the Parish near Standford and a sewage lifting station at Griggs Green. Horndean Parish.—New sewerage scheme completed which will sewer the more thickly populated parts of the new parish of Horndean (Review Order 1932). Sewage Pumping Station at Havant Road, Horndean.—Sewage treated at the Hart Plain Sewage Works now situated in the new Parish of Waterloooville (Havant U.D.C.).

No changes or only minor extensions have been made in the Rural Districts of Alton, Andover, Basingstoke, Droxford, Kingsclere and Whitchurch, New Forest, Romsey and Stockbridge, Ringwood and Fordingbridge, and Winchester.

SCAVENGING.

Urban Districts.

Aldershot. Partial adoption of mechanical transport.

Alton. A motor refuse vehicle is of great service: Holybourne, which has been added to the Urban District since April, has a collection once a fortnight.

Basingstoke. Twice monthly collection of house refuse has been extended to include the whole of the added portion of the village of Worting.

Christchurch. The collection of house refuse commenced at Highcliffe and Hurn on 1st April, 1932. Two horse-drawn vehicles used for house refuse collection have been replaced by an additional motor refuse van, making a total of two.

Eastleigh. No change except the purchasing of an additional mechanical vehicle to meet the requirements of the new added areas.

Fareham. House refuse is now collected in the whole of the Urban District as enlarged in April last with the exception of the outlying areas.

Farnborough. The extended area to include Parish of Cove and part of S. Hawley has now been provided with a weekly collection of house refuse by direct labour. Pail closets and cesspools are emptied by contract at the Council's expense until the sewers are available for connection. There have been no further changes in the former Urban District.

Gosport. No material changes in the collection of refuse, but a new scheme is under consideration. As regards disposal of refuse, controlled dumping was substituted for incineration last autumn.

Havant and Waterloo. Carried out weekly by vehicles covered with tarpaulins by Council in Havant, Warblington, Bedhampton and Purbrook (part). With the exception of that part of Purbrook Ward formerly in the late Fareham R.D.C. (which is by contract) the scavenging is carried out by contract under the supervision of the Council's employees. Tests have been made and a scheme for the purchase of a mechanical scavenging vehicle for collection of refuse in the Warblington, Waterloo and Purbrook Wards will be submitted to the Ministry of Health.

Petersfield. The system of house collection has been extended to the villages of Sheet and Stroud, which were added to the Urban area on April 1st, 1932.

No changes have been made in the Urban Districts of Andover, Fleet, Lympington, Romsey and Winchester.

Rural Districts.

Basingstoke. Collection of all house refuse fortnightly in Parish of Basing: indestructible refuse collected monthly in Parish of Wootton St. Lawrence and bi-monthly in Parish of Sherborne St. John. No refuse collection previously. Collection of indestructible house refuse to be carried out monthly to be commenced in Parish of Sherfield. No refuse collection previously.

Hartley Wintney. A scavenging scheme has been put into operation to cover the whole of the newly created Parish of Hook. The contract includes a weekly collection of house refuse, that all pail closets be emptied twice weekly and all cesspools once each month. The scavenging of the Parishes of Hawley, Odiham, Hartley Wintney and Crodall has been carried out during the year and no change recommended.

Ringwood and Fordingbridge. Collection of old tins, etc., instituted in the Parishes of Martin and Damerham. Extension of collection of tins in the Parish of Fordingbridge. New tin dumps provided in Parishes of Christchurch East and Wood Green.

No changes have been made in the Rural Districts of Alton, Andover, Droxford, Kingsclere and Whitchurch, New Forest, Petersfield, Romsey and Stockbridge and Winchester.

HOUSING.

The Medical Officers of the Local Sanitary Authorities make the following general remarks:—

Urban Districts.

Aldershot. Contract accepted by Council for erection of additional 24 houses. Work commencing immediately. Council resolved at meeting held on 7th December, 1932, to erect an additional 100 houses.

Alton. 44 new houses have been erected, 12 of these by Council under Housing Act, 1924. There is still some overcrowding in the town, mostly by married children living with parents; there are a few very large families which no ordinary working class house could accommodate.

Andover. The growth of the town is due to new factories having been erected and with a consequent influx of population has increased the demand for houses, but the number of houses being erected is slowly keeping pace with the demand. No cases of bad overcrowding exists.

Basingstoke. A shortage of working class houses at a suitable rent still exists. The Council completed the building of 118 houses on the South Ham Estate at the end of March, 1932. A further 84 houses are to be built by the Council.

Christchurch. A large number of houses (estimated at 275) are tenanted by more than one family owing to excessive high rents charged for suitable cottages for the lowest paid worker. The isolated cases of overcrowding that have occurred have been remedied.

Eastleigh. A slight shortage of houses; no serious overcrowding; houses generally in a fair condition.

Fareham. General housing conditions are fairly satisfactory. Where overcrowdings are discovered notice is served to abate the nuisance.

Farnborough. There is some overcrowding and still a demand for working-class houses.

Fleet. Conditions reasonably satisfactory. Small properties are principally of the villa type with fair size gardens and kept in a fair state of repair. There is some demand for further small houses which is being met by private enterprise. There is very little overcrowding.

Gosport. There appears to be a need for more houses at lower rentals. There were 196 new houses erected during the year, all by private enterprise. There is no serious overcrowding in the Borough except in isolated cases.

Havant and Waterloo. The matter of housing in the district has been under consideration and proposals will be formulated in due course. Normally there would appear to be no overcrowding.

Lymington. Conditions satisfactory.

Petersfield. 50 houses have been erected by a Public Utility Society. These are all occupied. The present estimated shortage of houses is 20. There are no serious cases of overcrowding.

Romsey. The shortage of houses which was evident a year or two ago has, for the most part, been met, and there is no present plan for further building by the Council.

Winchester. Considerable headway has been made during the year and cases of overcrowding are not now common.

Rural Districts.

Andover. Little overcrowding except in villages near military centres. Considerable number of defective old chalk houses which should be replaced. More houses required at Shipton Bellinger and Upper Clatford.

Basingstoke. Instances of overcrowding are not often met but high rents obtained point to a certain shortage of houses.

Droxford. There are sufficient houses, but a lack of houses at a cheap rental. Very few cases of overcrowding have come to light.

Hartley Wintney. The housing conditions of the District are reasonably good. Although no cases of overcrowding are known, the high rents demanded in many parts of the area point to the housing shortage being not yet overcome. The Council have resolved and made application to the Ministry for sanction and grants to build an additional 32 houses. The advantages of the H.R.W.A. 1926 are still being brought to the notice of property owners and every effort made to encourage its adoption. There are still many cottages that could be dealt with and all preliminary formalities to an application should as far as possible be simplified, as it is by this Act, and this Act alone, that more cottages are likely to be restored and rural housing definitely improved.

Kingsclere and Whitchurch. Contract signed for 34 more houses to be completed in 1933.

New Forest. Dwellings of a low moderate rental required in the Totton area.

Petersfield. Ministry's sanction obtained for erection of 58 non-parlour houses under the Housing Act, 1930, as follows:—Liss 16, Bramshott 18, East Meon 8, Froxfield 6, Hawkey 6, Buriton 4. Also proposed to erect 12 houses at Rowlands Castle, where there is evidence of scarcity of working class cottages without Exchequer assistance. There is a general grievance throughout the district at the high rents charged for de-controlled houses and, as a result, a large number of houses are occupied by more than one family. There is an obvious demand for small five-roomed cottages which could be let at approximately 7/6 a week. There is a fair amount of overcrowding and such cases are almost invariably caused by houses being occupied by more than one family.

Romsey and Stockbridge. The housing conditions are improving. 36 new private houses and 16 Council houses (Housing Act, 1925) have been built during the year 1932. In some areas there is still a shortage of houses with a low rental. The overcrowding is a problem in the case of unsuitable tenants who are only capable of earning a small wage, who have large families and who are only able to pay a very small rent.

Ringwood and Fordingbridge. Generally the housing conditions are good and there is very little overcrowding. 20 small houses have recently been erected by Council in Parish of Fordingbridge. There are a few cases of people living in vans at Thorney Hill, but they are of the gypsy class and not likely to pay an economic rent. Similarly, a number are living in tents of a crude nature.

Winchester. Several old cottages are unsatisfactory as dwellings in parts of the district, but difficulty is found to re-house tenants at economic rents. Overcrowding is not extensive. Cases, when found, are dealt with as far as circumstances will allow. One closing order made under 1925 Act and vacation of premises completed.

Housing of Rural Workers Act, 1926.

No action has been taken by the Rural District Councils of Kingsclere and Whitchurch, New Forest, Ringwood and Fordingbridge or Winchester and there is no information from Droxford. In the Alton Rural District plans were approved for alterations to 3 cottages at Farringdon and the work is on hand; in the Andover Rural District 7 cottages were reconstructed; in the Basingstoke Rural District 3 cottages have been completed and 3 more are in the course of being re-constructed and 4 more are about to be commenced; in the Hartley Wintney Rural District 3 successful applications affecting 10 cottages have been made and the total value of the work which is nearing completion in all cases is £1,817; in the Petersfield Rural District 8 houses have been reconditioned and the number of applications received during 1932 was 23. Every assistance is offered in the reconditioning of houses under the Act; in the Romsey and Stockbridge Rural District one house has been repaired.

Housing Act, 1930.

The following districts took the action detailed:—

Urban Districts.

Aldershot. None.

Alton. 9 notices were served to remedy repairs and all were complied with by the owners.

Andover. Improvements of property have proceeded and any action necessary to secure improvement of unfit houses has been taken. Two cases of demolition have been dealt with.

Basingstoke. 4 houses have been demolished at Worting Bottom under Section 19 and several houses have been repaired under Section 17.

Christchurch. Under Part I.—nil. Under Part II., Section 17, 13 houses were made fit. No improvement or construction scheme has been carried out.

Eastleigh. 378 houses have been inspected and 292 were found to be not in all respects reasonably fit for human habitation.

Fareham. No statutory action has been taken. 14 houses were rendered fit by owners after service of informal notice; 2 houses were closed on an undertaking of the owners under Section 19. Closing Orders on 6 houses under the Act of 1925 were determined, the houses being rendered fit by the owners.

Farnborough. Yes—details not given.

Fleet. Section 17—6 cottages repaired.

Gosport. 226 houses inspected. Demolition Orders were made on 8 houses and there was 1 Closing Order.

Havant and Waterloo. None.

Lymington. No notices served but 12 cases dealt with by letter satisfactorily.

Petersfield. 82 houses have been inspected and recorded. Notices have been served on owners where there were defects requiring attention.

Romsey. None.

Winchester. 52 houses built by Corporation.

Rural Districts.

Alton. None.

Andover. Section 17—2 Repair Notices. Section 19 and 20—9 Demolition Orders; 1 part of building closed; 2 undertakings. 27 houses rendered fit on informal notice.

Basingstoke. Section 17—4 Statutory Notices served and work completed. Section 19—2 Demolition Orders served and at present 1 house demolished; 1 cottage repaired in default of the owner.

Droxford. None.

Hartley Wintney. Section 19—9 Statutory Notices were served. In every case written undertakings were given according to the provisions of the Act.

Kingsclere and Whitchurch. None.

New Forest. 41 cottages have been inspected during the year. 10 cottages have been repaired, 2 demolished and 6 permanently voided.

Petersfield. None.

Romsey and Stockbridge. None.

Ringwood and Fordingbridge. Section 17, Part II.—7 Closing Orders in Fordingbridge area. Part III.—20 new cottages erected in Fordingbridge area by Council.

Winchester. 3 Demolition Orders made. A large number of cottages have been re-conditioned.

Housing Act, 1931.

No action taken by any Local Authority.

Services transferred under the Local Government Act.

With the exception of vaccination and the care of destitute maternity patients all the medical services transferred are administered by the Public Assistance Committee. These include provision of domiciliary and institutional treatment for destitute cases and medical care of children in scattered homes and institutions.

All arrangements for maternity patients are made by the Public Health Committee as described in the appropriate section later. Vaccination is also dealt with in the succeeding pages.

There has been close co-operation between the Public Assistance Officer and the County Medical Officer and diets have been worked out for children and for other persons in the care of the Public Assistance Committee, arrangements are made through the County Medical Officer for any necessary operations on the throat and nose of children under their care and for cases needing special ophthalmological examinations. The quarterly medical inspections of children in scattered homes is also arranged to be carried out by the Assistant County Medical Officers.

Consideration is now being directed towards an arrangement with the Public Assistance Committee for the use of certain beds for tuberculous patients. The most economical use of beds for sick patients is under review and further conferences with the representatives of the Voluntary Hospitals will be arranged as necessary.

Provision of Services.

The Public Assistance Committee have made arrangements with the following hospitals to deal with patients who are in the opinion of the Medical Officer to the Institution in need of hospital treatment; these are mostly patients in need of operative measures. No arrangements for consultants have been made.

Royal South Hants and Southampton Hospital;
 Royal Victoria and West Hants Hospital, Bournemouth;
 Free Eye Hospital, Southampton;
 Southampton Children's Hospital;
 Hampshire Home of Recovery, Eastleigh;
 Royal Portsmouth Hospital;
 Gosport War Memorial Hospital;
 Portsmouth and Southern Counties Eye and Ear Hospital;
 Royal Hants County Hospital, Winchester;
 Andover War Memorial Hospital;
 Lymington Cottage Hospital;
 Fenwick Cottage Hospital, Lyndhurst;
 Romsey Cottage Hospital;
 Fleet and District Cottage Hospital;
 Inwood Cottage Hospital, Alton;
 Hythe and District Cottage Hospital;
 Fordingbridge Cottage Hospital;
 Farnborough and Cove War Memorial Cottage Hospital;
 Yateley Cottage Hospital;
 Milford-on-Sea War Memorial Hospital;
 Odiham Cottage Hospital;
 Havant War Memorial Hospital;
 Basingstoke Cottage Hospital;
 Petersfield Cottage Hospital;
 Lord Mayor Treloar Cripples' Home, Alton;
 Aldershot Hospital;
 Emsworth Victoria Hospital;
 Salisbury General Infirmary;
 Royal Mineral Water Hospital, Bath;
 Royal Berkshire Hospital, Reading;
 Royal National Orthopædic Hospital, 234, Great Portland Street, W.1.

With regard to cases of infectious disease arrangements have been made by the Public Assistance Committee for accommodation of such cases arising in the Public Assistance Institutions as under:—

Authority.	Institution.	Nature of Cases.
Aldershot Urban	Winchfield	Not specified.
Alton Joint Hospitals Committee	Alton and Droxford ...	Any cases.
Andover Rural District Council ...	Andover	Enteric or typhoid; scarlet fever; diphtheria; erysipelas; bad septic cases. Not measles or T.B.
Basingstoke Urban	Basingstoke, Kingsclere and Whitechurch ...	Not specified.
Fareham Urban	Fareham	Diphtheria; scarlet fever; typhoid fever; puerperal fever; erysipelas.
Gosport Urban	Alverstoke	Scarlet fever; enteric fever; diphtheria.
Havant and Waterloo Urban ...	Havant	Not specified.
Lymington Urban	Lymington	Scarlet fever; diphtheria.
Petersfield Rural	Petersfield	Not smallpox.
Salisbury and District Joint Isolation Hospital Committee...	Fordingbridge, Ringwood and Stockbridge ...	Not smallpox.
Winchester Urban... ..	Alresford, Romsey and Winchester	Not specified.
Southampton Borough Isolation Hospital	Lyndhurst Road... ..	Not specified.

A radium centre has been formed at the Royal South Hants and Southampton Hospital and the Public Assistance Committee have decided to take advantage of the facilities offered in suitable cases approved by the County Medical Officer.

Health Education.

The whole of the public health services can be said truly to have their educational side. During the year 1932 two special efforts were made to direct the attention of the public to matters of health. At Lymington, a Health and Baby Week was held in May which was organized locally and dealt mainly with the health of Infants and Children. The County Council's dental surgeon and assistant medical officer of the area took part. A Health Week was organized by the Borough of Basingstoke in November. In both cases lectures, demonstrations and cinematograph displays were given and a large amount of interest aroused.

A series of 10 lectures was given as in previous years in co-operation with the Hants Insurance Committee. The subjects were concerned with dental health and tuberculosis.

The return of vaccinations done in this County as elsewhere shows that this method of prevention of smallpox is being by no means universally used at the present time. There is reason to believe that other methods than those used at present might be more efficacious. On this matter a report has been submitted to the Public Health Committee and presented to the County Council.

Maternity and Child Welfare

(A) Maternity.

i. ANTE-NATAL CARE.

Ante-natal supervision is an important part of the duty of every midwife. An outline of the provisions made for medical as apart from midwifery services in this connection was given in my report for 1929 and fuller details in that for 1930. The provision includes:—

- (a) Medical advice at clinics.
- (b) Similar advice at doctor's surgery or patient's home.
- (c) Reference to the medical officer in charge of obstetric beds at certain of the larger hospitals for a second opinion where institutional confinement appears desirable.

In addition provision is made for dental treatment by the Council's dental surgeons on the recommendation of medical officers at ante-natal clinics.

The work included under the first two sub-headings above is largely carried out by general practitioners.

(a) *Ante-natal Clinics.*

The attached table gives information concerning the arrangements for examination at Clinics and the work done in 1932. Thirty three clinics were in operation during 1932, ten of them being staffed by Assistant County Medical Officers and the remainder by general practitioners, one of whom is retired. Of the ten clinics six were held on the same afternoon but previous to a meeting of the Child Welfare Centre, the four which occupied a whole session were in charge of a woman medical officer, Dr. Hilda M. Price Bond.

ANTE-NATAL CLINICS.

Clinic	Place of Meeting	Day of month when held	Medical Officer in charge during 1932	Attendances during 1932		
				No. of Meetings	Cases	Total Attendances
(1) Alresford	... Town Hall (upstairs)	1st Monday, 1.30 p.m.	*C. E. Appleton	6	12	15
Alton	... Inwood Cottage Hospital	4th Tuesday, 2 p.m.	H. Yates	12	86	126
	Out-Patient Department					
Andover	... C.C. Health Centre, 70, Junction Road	1st and 3rd Mondays, 2.30 p.m.	M. F. Hope	23	89	125
Basingstoke	... C.C. Health Centre, Garth House, Castons Road	2nd and 4th Wednesdays, 2 p.m.	H. Keith Williams	24	136	241
Botley	... The Catherine Wheel	1st Tuesday, 2.30 p.m.	A. S. Pern	12	24	37
Broughton	... Village Hall	1st Wednesday, 1.30 p.m.	*C. E. Appleton	10	8	18
(5) Christchurch	... Assembly Rooms	1st and 3rd Tuesdays, 3 p.m.	A. W. Davidson	25	103	158
Cove	... St. Christopher's Church Room	4th Wednesday, 2.30 p.m.	*H. M. P. Bond	11	27	45
Eastleigh	... C.C. Health Centre, Chamberlayne Road	2nd and 4th Mondays, 2 p.m.	R. Reynolds Garrett	23	79	138
Fareham	... Parish Hall	1st and 3rd Mondays, 2.30 p.m.	W. S. Stevenson	23	95	126
Farnborough	... St. Martin's Club Rooms	1st Wednesday, 2.30 p.m.	J. M. Forsyth	12	76	120
Gosport	... Nicholson Memorial Hall	1st and 3rd Fridays, 2.30 p.m.	N. Braham	24	222	349
Grayshott	... School Clinic	1st Wednesday, 2 45 p.m.	S. Gray	12	17	31
Hartley Wintney	Women's Institute Hut	1st Wed., 2.30 p.m.	R. H. Scott	12	40	76
Havant	... C.C. Health Centre, Park Way	1st Friday, 2 p.m.	J. R. Rickett	10	42	60
(3) Headley	... Village Hall	4th Thursday, 2 p.m.	*H. M. P. Bond	8	37	68
King's	... Village Hall	2nd Tuesday, 1.30 p.m.	*C. E. Appleton	12	17	41
Somborne						
(2) Liphook	... Church Room	4th Thursday, 2 p.m.	*H. M. P. Bond	4	19	29
Liss	... District Nurse's Cottage	1st Wednesday, 2.30 p.m.	W. L. Scott	11	36	71
(7) Lymington	... British Legion Women's Section Club Rooms	Last Wednesday, 9.30 a.m.	N. M. Goodman	12	40	54
Lyndhurst	... Cottage Hospital	1st Friday, 2 p.m.	E. H. Sears	12	37	70
Micheldever	... Northbrook Hall	2nd Friday, 1.30 p.m.	*C. E. Appleton	12	8	9
New Milton	... The Institute (upstairs)	2nd Monday, 2.30 p.m.	H. Bentley	12	26	47
(4) Odiham	... The Hut, Dunley's Hill	2nd Friday, 1.15 p.m.	R. L. Harward	12	22	32
(8) Petersfield	... Ramshill	1st Monday, 2 p.m.	D. Taylor	12	36	62
(9) Ringwood	... Old Hall	1st Monday, 2.30 p.m.	R. Jarvie	12	25	46
Shedfield	... Chase Hut, Bishops Waltham	4th Tuesday, 1.15 p.m.	*A. B. Shed	10	8	13
(6) Totton	... Congregational Church Room	1st and 3rd Mondays, 2.30 p.m.	G. Habgood	24	92	207
Waterlooville	... St. George's Hall	1st Friday, 2.30 p.m.	J. Way	11	32	39
Whitchurch	... Church Hall	3rd Friday, 2 p.m.	F. A. Coates	12	40	63
Whitehill	... Village Hall	3rd Wednesday, 2.30 p.m.	*H. M. P. Bond	12	52	106
(10) Winchester	... Royal Hants. County Hospital	1st and 3rd Tuesdays, 11 a.m.	C. J. Penny	24	14	22
Woolton Hill	... Church Hall	3rd Wednesday, 1.15 p.m.	*H. D. Kelf	12	14	19
TOTAL				463	1611	2663
33 Clinics				—	3	6
Average per Session				—	3	6

*Assistant County Medical Officer. (1) Opened June 1932. (2) Opened September, 1932. (3) Closed August, 1932. (4) Changed to 2nd Thursday 2 p.m. in February; closed December 1932. (5) Transferred to C.C. Health Centre, Millhams Road, in June, 1932; changed to 2nd and 4th Mondays, August, 1932. (6) Transferred to C.C. Health Centre, September, 1932. (7) Changed to 4th Wednesday, 2.30 p.m. in June, 1932; Dr. G. H. Pitt, M.O., from October, 1932. (8) Dr. C. Ormerod, M.O., from September, 1932. (9) Dr. L. N. Sharp from March, 1932; moved to Conway Hall May, 1932. (10) The cases included here are "ordinary" and not "consultation" cases.

During the year 1932, 27 cases have been referred to their own medical attendant for treatment, 11 were referred to a Consulting Clinic for further advice (10 attended) and 27 cases were recommended for admission to an institution. In addition, 94 cases attended where the possibility of admission to a County Council maternity bed was raised.

Of the 27 cases recommended for admission to hospital, 22 were admitted.

68 of the 94 other cases mentioned above were admitted to an institution.

(b) *Other Medical Examinations.*

As an essential feature of the provision of facilities for ante-natal medical care the Council have arranged for the examination of women who cannot attend one of the established clinics by one of the general practitioners who have signified their willingness to do so. The procedure was described in my report for 1930. During the year 1932, 120 women confined during the year were so advised involving 172 examinations.

(c) *Consulting Clinics.*

Arrangements have been made with the hospitals to which abnormal maternity cases were admitted through the County Council for a second opinion to be obtained concerning cases suspected of abnormality. These hospitals are, at present, Andover, Boscombe, Salisbury and Winchester. A maternity block attached to the Aldershot Hospital is in course of erection. Arrangements with Portsmouth are at present impossible. At these consulting clinics 10 women attended, having been sent from ante-natal clinics for further advice, and as a result 7 were admitted to hospital; 43 others were sent as a result of other ante-natal examinations of whom 31 were admitted.

The value of ante-natal work carried out is very difficult to assess. It must be remembered that even with the present increase in the use of the facilities provided, only 36.6 per cent. of midwives cases, as compared with 29.3 per cent. in 1931, made at least one attendance. Moreover the supervision is by no means at present as thorough as could be desired. There could hardly, therefore, be expected to be any material effect shown in the reduction of rates of mortality or morbidity. That the value in certain cases is great is undoubted and as the work develops such value is bound to increase.

The effect of the provision for medical ante-natal care on the number and nature of calls for medical treatment is shown in the following table:—

Condition	No. of cases per call among women seen at A.N.C.*			or as outlying cases†			All other mothers seen.
Difficult Labour	10.6	...	4.1	...	10.6	10.6
R.P.	9.7	...	7.1	...	11.3	11.3
P.P.H.	74.5	...	120	...	178.9	178.9
Fits	0	...	0	...	563.1	563.1
Breast	397	...	120	...	260	260
Rise of Temperature	70.1	...	30	...	36.3	36.3

* These figures are based on the number of known or presumed to be completed cases by the last meeting of the Clinic in 1932, which amounted to 1,192.

† Completed cases numbered 120 in 1932.

There appears to be an excessive number of calls for difficult labour in cases seen as outlying cases by Selected Practitioners and a larger number of calls for all conditions as compared with the cases seen at ante-natal clinics or by midwives only. With regard to women seen at ante-natal clinics the number of calls for difficult labour was not apparently diminished and those for post-partum hæmorrhage increased whereas those for other conditions were diminished. The three series of cases were not directly comparable owing to the factor of selection not being eliminated.

(d) Dental Treatment.

In order to reduce the possibilities of sepsis arising from a septic condition of the mouth and to improve the expectant mother's condition generally, the County Council have made provision for expectant mothers to receive dental treatment by the Council's Dental Surgeons on the recommendation of the Medical Officer in charge of the Ante-natal Clinic or Child Welfare Centre.

The work done in 1932 is shown in the following table.

Expectant Mothers.

Number Inspected	Number found to require treatment	Number treated	Number re-treated	Attendances made	Number of fillings	Number of extractions	Number of General Anaesthetics	Number of other operations
142 (167)	141 (164)	137 (156)	43 (46)	310 (281)	49 (35)	612 (876)	123 (164)	90 (22)

(The figures in brackets refer to the work done in 1931.)

ii. MIDWIFERY SERVICE.

Provision of Midwives. The number of certified midwives who notified their intention to practise during the year 1932 was 364, of whom 360 were trained and 4 bona fide. They attended, as midwives, 5,438 births out of a total of 7,284 notified from the area of the Administrative County, or 74 per cent. The arrangements with the Hants County Nursing Association for the provision of midwifery services in those parts of the County hitherto without such services have been continued. During the year 1932-33 a sum of £255 14s. 10d. was thus paid to the Association.

The County Council were also empowered to make grants to the County Nursing Associations in respect of the provision of midwives newly appointed by the District Nursing Associations, whether to fill vacancies or to serve in an area of a newly formed Nursing Association. A grant of £250 was made in 1932-1933.

The Ministry of Health made a grant to the County Nursing Association of 10s. for each birth attended either as a midwife or as a maternity nurse by a midwife engaged by a District Nursing Association affiliated to the County Nursing Association. This sum in the standard year 1928-29 was £1,390 10s., and a sum of £1,529 was paid by the County Council, together with the grants mentioned in the preceding paragraphs, during the year ended 31st March, 1933.

The District Nursing Associations affiliated to the Hants County Nursing Association number 120 (5 of which do not deal with midwifery cases), having 138 nurses (128 of whom act as midwives). These 128 midwives attended as midwives 2,121 births during the year 1932.

District Nursing Associations unaffiliated were in existence at Church Crookham, Grayshott, Stockbridge and Twyford. Unaffiliated Associations not dealing with midwifery cases exist also at Basingstoke and Eastleigh.

These 4 unaffiliated Associations employ 4 nurses who act as midwives. During the year these attended 70 cases. In addition to the midwives provided by District Nursing Associations, 156 independent midwives practise in various parts of the County, and also 15 in Public Assistance Institutions. During the year 1932 these attended 2,836 cases.

The position with regard to unprovided and partially provided areas remains as before with the exception that an independent midwife is taking cases at Dummer, and cases at Kempshott are taken by nurses residing at Wootton. There is no provision for West Tytherley.

Sherborne St. John amalgamated with Bramley during February, 1932.

Many of the smaller Local District Nursing Associations are going through a period of very great financial difficulty. A few have been obliged to cease work. The generous supporters of the past are no longer in a position to give large subscriptions. Efforts are being made to obtain better organisation and a larger number of small subscribers. Wherever possible re-organisation of districts and amalgamation is being carried out. It is realised that larger districts served by nurses with cars is more economical and is in fact the only solution. It has been possible in this way to cover again some districts where Nursing Associations had lapsed and it is hoped that this re-organisation will now go forward.

The Hospital Contributory Schemes are seriously affecting the financial position of some Nursing Associations. The Hospitals in the area have been approached, they are sympathetic but so far do not see their way to any scheme of co-operation.

Inspection of Midwives.

The arrangements with regard to Inspection remained unaltered in 1932.

During the year 397 routine inspections were paid by the Inspector or her assistant; in addition 314 special inspections were carried out. Although it is the rule to inspect each midwife in this way twice a year there are many instances where the notifications are not received until the latter part of the year; it is, therefore, not possible to carry out this rule in every case. Payments made to the Hampshire County Nursing Association for their services in respect of these inspections amounted to £379 during the year ended 31st March, 1933.

It was found necessary to report one case to the Committee during the year 1932. This was in connection with a midwife's attendance upon two cases where infection developed, resulting in the death of both women. The midwife failed to notify being in contact with the first case and subsequently failed to notify that she was suffering from a septic finger. An official warning was issued.

Fees of Doctors called in by Midwives.

Section 14 of the Midwives Act, 1918, requires the County Council, as the Local Supervising Authority, to pay to every registered medical practitioner called in by a midwife in an emergency as defined by the rules of the Central Midwives Board, a sufficient fee with due allowance for mileage according to the scale to be fixed by the Local Government Board (now the Ministry of Health). The County Council is empowered by the Act to recover the whole or any portion of the fee from the patient or her husband or other person liable to maintain her.

Owing to increasing expenditure as a result of the Act an Insurance Scheme was adopted in this County which has been previously fully described. This was revised on 1st January, 1930, as detailed in my report for that year.

The revised scheme has now been in operation for three years and there is evidence in the accompanying tabular statements that the increase in the premium in the case of first pregnancies has not had the effect anticipated by some: the number of insurances has increased rather than diminished.

The number of births notified in 1932 was 7,284 as compared with 7,309 in the previous year, and of these 5,438 and 5,252 respectively were notified by midwives. This shows a slight rise in the percentage dealt with by midwives: in 1929 it was 78, in the next two years it fell to 73 and 72 respectively and this year it is 75. The number of calls for medical help was rather higher than the previous year, 2,157 as against 2,061. The doctor is sometimes called more than once to the same patient.

The doctor's bill was paid in 1,615 cases during 1932 as against 1,674 in the previous year, a decrease from 32 to 30 per cent.: in 1930 it was 29 per cent. The total payments decreased from £2,840 to £2,594, while the receipts were £1,042 as against £1,090. This represents a relatively substantial decrease in net expenditure: from £1,750 to £1,552.

The following tables give details of the doctors' accounts paid during the past four years together with the amounts received. Details for insured and uninsured cases are also given separately.

Year	BIRTHS			No. of Calls for Medical help	DOCTORS' BILLS PAID			Receipts	Net Cost
	No. notified	Notified by Midwives			No. of Cases	Percent- age of Midwives' Cases	Amount		
		No.	Percentage						
1932	7284	5438	75	2157	1615	30	£ 2594	£ 1042	£ 1552
1931	7309	5252	72	2061	1674	32	2840	1090	1750
1930	7442	5415	73	2071	1546	29	2502	1047	1455
1929	7359	5713	78	2038	1577	28	2538	854	1684

Insured.

Year	7s. 6d. Pre-miums No.	5s. Pre-miums No.	TOTAL	Percentage of Mid-wives' Cases	No. of calls for Medical help	DOCTORS' BILLS PAID			Re-ceipts	Net Cost
						No. of Cases	Percentage of Insured Cases	Amount		
1932	1148	1929	3077	57	1273	1055	34	£ 1806	£ 913	£ 893
1931	1163	1980	3143	60	1302	1075	34	1953	931	1022
1930	1103	1976	3079	57	1238	993	32	1696	907	789
1929	—	3050	3050	53	1282	1068	35	1831	763	1068

Uninsured.

Year	No.	Percentage of Midwives' Cases	No. of calls for Medical help	DOCTORS' BILLS PAID			Receipts	Net Cost
				No. of Cases	Percentage of Uninsured Cases	Amount		
1932	2361	43	884	560	24	£ 788	£ 129	£ 659
1931	2109	40	759	599	29	887	159	728
1930	2336	43	833	553	23	806	140	666
1929	2663	47	756	509	19	707	91	616

Insured Cases.

There was a slight decrease in the numbers in both sections: in the case of first pregnancies the figure fell from 1,163 to 1,148 and in subsequent pregnancies from 1,980 to 1,929; representing a total decrease of 66. The

percentage of midwives' cases which adopted this method in 1929 was 53 while in the next year it rose to 57 and in 1931 it increased further to 60. This year it was 57. The time appears definitely to have arrived when this increase in insurance can be welcomed not only from the point of view of securing a better medical service but also in regard to expenditure. Formerly it could be said that the greater the number of insurances the higher the net expenditure of the County Council would be; the explanation being that in the case of insured patients (perhaps for very good reasons) the doctor was more frequently called in, with a consequently increased payment. In other cases, perhaps because in many of them the midwife thought she was justified in advising the patient not to insure, a perfectly normal pregnancy and confinement being anticipated, the doctor was called less frequently and the net expenditure per case was smaller despite the fact that the amount recovered was often trifling.

As an illustration of these facts it may be mentioned that the net cost to the Council in the case of an insured person in 1929 was 7s., while the uninsured cost 4s. 8d. In 1930 the corresponding figures were 5s. 2d. and 5s. 8d., while in 1931 they were 6s. 6d. and 6s. 10d. This year they were 5s. 9½d. and 5s. 7d.

In the report for 1930 it was mentioned that the percentage of insured cases in which the doctor's bill was paid had fallen to 32 as compared with 35 in the previous year, but in 1931 the figure rose to 34 and this year remains the same. The payments totalled £1,806 as compared with £1,953 in the previous year and £1,696 in 1930, while the corresponding receipts were £913, £931 and £907. Thus the net expenditure fell in 1932 to £893 as against £1,022 in the previous year.

Uninsured Cases.

The fall in the percentage of cases that failed to insure has already been mentioned and it is interesting to observe that this percentage is now down to 40 as compared with 43 in 1930, 47 in 1929 and 55 in the year 1926 when the scheme came into operation. The doctor was called on 884 occasions as against 759 in the previous year and his account was paid in 560 as compared with 599. The proportion of uninsured cases in which the doctor's account is paid by the County Council has dropped slightly and in 1932 this happened in 24 per cent. of the cases dealt with as compared with 29 per cent. in the previous year and 23 per cent. in 1930.

In the earlier days of the Insurance Scheme it was frequently necessary to call attention to the apparent disparity in the practice of midwives in relation to insured as compared with uninsured cases: the doctor was frequently called to the insured case and very infrequently to the other. In 1929 the difference in the percentage of bills paid was 16; in 1930 it fell to nine, while in 1931 it came down to five. This year the difference is 10.

In the report for 1931 reference was made to the fact that despite the issue of circulars and other means to bring the matter to the notice of midwives, a number of cases had occurred in which the insurance premium was sent too late with the result that when the doctor's services were required the patient was not insured. This year there were 62 such cases in first pregnancies and 110 in others. These cases, of course are shown in the accompanying uninsured table, and the amounts received in premiums are shown as receipts in respect of uninsured cases. The total amount so received was £36 0s. 0d. In calculating the payment, if any, to be made by the patient, these sums were taken into consideration.

The results obtained from an examination of these tables may be summarised as follows. In each case the figure for 1932 is given and is followed in brackets by the corresponding figures for 1931.

1. Percentage of confinements notified by midwives, 75 (72).
2. For every 100 cases notified by midwives the doctor was called 39 (39) times.
3. For every 100 insured cases the number of calls was 41 (41).
For every 100 uninsured cases the number was 37 (36).
4. For every 100 cases notified by midwives the doctor's bill was paid by the Council in 30 (32). The average amount was £1 12s. 1d. (£1 13s. 11d.).
5. For every 100 insured cases notified by midwives the doctor's bill was paid in 34 (34). The average amount was £1 14s. 3d. (£1 16s. 3d.). For every 100 uninsured cases notified by midwives the doctor's bill was paid in 24 (28). The average amount was £1 8s. 1d. (£1 9s. 8d.).
6. For each insured case the gross payment by the Committee was 11s. 8d. (12s. 5d.). The corresponding amount received was 5s. 11d. (5s. 11d.). The net cost per case was 5s. 9d. (6s. 6d.).
7. For each uninsured case the gross payment by the Committee was 6s. 8d. (8s. 4d.). The corresponding amount received was 1s. 1d. (1s. 6d.). The net cost per case was 5s. 7d. (6s. 10d.).
8. Total payments during the year, £2,594 (£2,840). Receipts, £1,042 (£1,090). Net cost, £1,552 (£1,750).

The following is an analysis of the conditions for which medical help was called by midwives during the year ended 31st December, 1932, distinguishing insured from uninsured cases, and specially separating the cases dealt with in the Maternity Home, St. Peter Street, Winchester. The figures in brackets are corresponding figures for 1931.

Ante-natal.	Insured	Uninsured	County Council Maternity Home. (Also included under "uninsured" heading).	
Small pelvic measurements ...	3	4	...	—
Inflammation of and pain in leg ...	1	2	...	—
Varicose veins ...	3	14	...	—
Pains in abdomen and side ...	7	24	...	—
Rash, ulcers, etc. ...	2	—	...	—
Ante-partum hæmorrhage ...	19	50	...	—
Threatened abortion ...	3	40	...	—
Abortion ...	1	55	...	—
Swelling of limbs, albuminuria, etc. ...	61	76	...	—
Debility, faintness, etc. ...	16	17	...	—
Abnormal position of fœtus ...	1	1	...	—
Toxæmia of pregnancy ...	—	2	...	—
Other conditions ...	7	9	...	—
	124	294	...	—
	(139)	(239)	...	—

Labour.	Insured	Uninsured	County Council Maternity Home. (Also included under "uninsured" heading).	
Inability to make out presentation ...	8	5	...	—
Complicated presentation ...	58	45	...	—
Obstructed labour ...	16	5	...	—
Uterine inertia ...	23	14	...	1
Exhaustion ...	9	5	...	—
Prolonged or delayed labour ...	222	63	...	—
Retained membranes, adherent placenta	48	35	...	—
Post-partum hæmorrhage ...	20	16	...	—
Ruptured perineum ...	328	112	...	3
Fits (mother) ...	3	3	...	—
Post-labour vomiting ...	1	—	...	—
Other conditions ...	5	2	...	—
	741	305	...	4
	(741)	(292)	...	—

Lying-in.	Insured	Uninsured	County Council Maternity Home. (Also included under "uninsured" heading).
Inflammation of breast, abscess, etc....	12	5	—
Vaginal discharge ...	1	2	—
Rise of temperature ...	64	50	—
Rapid pulse ...	1	3	—
Malformation of child ...	11	13	—
Feebleness of child ...	71	67	—
Discharge from child's eyes...	156	101	—
Fits, hæmorrhage, etc. (child)	12	8	—
Rash, septic spots, etc. (child)	17	10	—
Puffiness of hands and feet (child)	1	—	—
Phimosis ...	8	2	—
Tongue-tie...	5	2	—
Inflamed umbilicus ...	2	—	—
Cold, cough, bronchitis, etc. (child)	4	1	—
Pain in leg, abdomen, etc. ...	24	14	—
Subinvolution of uterus ...	3	—	—
Debility, faintness, etc. ...	12	4	—
Other conditions ...	4	3	—
	408	285	—
	(422)	(228)	—

	Insured	Uninsured	County Council Maternity Home. (Also included under "uninsured" heading).
Ante-natal conditions ...	124	294	—
Labour ...	741	305	4
Lying-in ...	408	285	—
	1273	884	4
	(1302)	(759)	—

It is seen that there was in 1932 a total increase of 96 calls, viz. 40, 13 and 43 under the respective headings.

This increase was entirely confined to the uninsured women which indicates that the long-standing tendency to discriminate between insured and non-insured is being diminished.

Illegal Practice of Midwifery.

The amendment of the law secured by the passing of the Midwives Act, 1926, has made it less difficult to deal with cases of suspected illegal practice of midwifery. Formerly it was necessary to prove that the practice was "habitual and for gain." The Act of 1926 lays down that:

"If any person, being either a male person, or a woman not certified under this Act, attends a woman in childbirth otherwise than under the direction and personal supervision of a duly qualified medical practitioner, that person shall, unless he or she satisfies the court that the attention was given in a case of sudden or urgent necessity, be liable on summary conviction to a fine not exceeding ten pounds."

It was not necessary during the year to take proceedings but six cases were investigated in which it was brought to notice that a woman who was not a certified midwife had attended one or more women in confinement. In nearly all of these cases it appeared that the woman had acted in an emergency and it was considered sufficient, in all the circumstances, to call attention to the provisions of the Act and to issue a warning as to the consequences if further cases were attended.

Lectures to Midwives.

No lectures for midwives have been arranged by the Health Department during the past year.

The National Association for the Prevention of Infant Mortality arranged for Dr. Brodie to give a lecture on " Infant Care and Feeding " to the midwives in Southampton, the lecture being organised by the Southern Branch of the Incorporated Midwives Institute, Southampton. All midwives practising in the southern half of the county were given an invitation to attend this lecture.

Sterilized Maternity Outfits.

The practice of selling these outfits at cost price has been continued during the year: 95 set A outfits and 42 set B outfits were sold. Where the cost could not be paid, owing to the financial circumstances of the patient, arrangements were made for the case to be specially considered. One such case was brought to notice during 1932.

iii. INSTITUTIONAL ACCOMMODATION FOR MATERNITY CASES.

Beds are needed for the following classes of case:—

- i. Anticipated abnormal cases,
- ii. Emergencies arising before, during or after labour,
- iii. Septic cases,
- iv. Cases where the conditions for confinement at home are unsatisfactory.

Payment is made by the County Council for hospital accommodation for abnormal and emergency maternity cases at the following institutions:—

Hospital or Infirmary	Number of Beds available	No. admitted in 1932			(A) Total Cost to County Council
		Abnormal	Emergency	Total	
					£ s. d.
(1) Alton	No Special accommodation	—	—	—	—
Andover	3	2	9	11	48 0 0
(3) Boscombe	18	12	4	16	165 10 8
(3) Farnham	9	6	4	10	48 9 3
(1) Fleet	No special accommodation	—	1	1	3 0 0
(3) Salisbury	19	1	4	5	27 0 0
(2) Winchester	8	37	36	73	874 6 0
		58	58	116	£1166 5 11

NOTES:

(A) The cost given here is not the net cost; sums recovered from patients have not been deducted.

1. Arrangements for emergency cases only.
2. Cases are also admitted from the City by request, and the cost recovered. During 1932, 5 cases were thus admitted there, and their cost is not included in the above statement.
3. There is no special number of beds allocated to this County but there is no difficulty in admission.

Apart from this provision subsidised by the County Council the following Hospitals in the County also take obstetric cases:—

Aldershot, Basingstoke, Gosport, Lymington, Lyndhurst, Portsmouth, Romsey and Southampton, and in addition occasional urgent cases are taken in at other Cottage Hospitals.

This accommodation is very strictly limited to an occasional urgent case except at Lyndhurst which has now a very satisfactory maternity block.

A maternity block in connection with Aldershot Hospital is now in course of erection.

The County Boroughs of Southampton and Portsmouth have no accommodation available for cases arising outside the Borough but an occasional case is admitted.

Since it is of vital importance as a means of assessing progress in efforts to promote safer childbirth, to know accurately the number and causes of hospital admissions and, since the classification as an emergency by the hospitals depends on whether a case has been booked beforehand or not, and does not therefore strictly conform with the ordinary use of the term, I have this year deducted from the emergency group those cases of albuminuria which could not strictly be so termed. The following tables give information with regard to cause for admission of abnormal or emergency cases from the Administrative County into those Hospitals with which an arrangement has been made by the County Council with the result to mother and child, which cannot be directly compared with the figures given in my report for 1931 in so far as toxæmia is concerned.

“ Abnormal ” Cases.

Group	Cause	Number	Result to	
			Mother	Child
1	Disproportion ...	24	(a) 22 satisfactory 1 died	(a) 1 unborn 1 stillborn 21 satisfactory
2	Breech ...	5	4 satisfactory 1 died	3 satisfactory 1 died 1 stillborn
3	Toxaemia ...	11	All satisfactory	9 satisfactory 2 died
4	Pyelitis ...	5	(b) 4 satisfactory	(b) 4 satisfactory
5	Varicose veins ...	3	All satisfactory	All satisfactory
6	Other Causes (c)	10	All satisfactory	8 satisfactory 1 stillborn 1 non-viable
		58	53	47

(a) One mother discharged herself before labour started;

(b) One mother discharged home as cured before labour;

(c) Includes :—

Pulmonary T.B.,
Dead foetus,
Asthma,

Prolapse of cord,
Heart disease (4 cases),
Fistula,
Premature rupture of membranes.

These cases were dealt with as under :—

Group 1	Induction	16	Group 2	Version	2
	Caesarian Section...	3		Caesarian	1
	Forceps	1		Natural delivery...	2
	Normal delivery ...	3			
	Discharged herself	1			
Group 3	Induction	3	Group 4	Induction	1
	Natural delivery ...	8		Natural delivery...	3
				Discharged cured	1
Group 5	Natural delivery ...	3	Group 6	Induction	4
				Caesarian	1
				Natural delivery...	5

"Emergency" Cases.

	Cause	Number	Result to	
			Mother	Child
1	Obstructed labour	21	All satisfactory	15 satisfactory 5 stillborn 1 died
2	Toxaemia ...	13	(a) 11 satisfactory 1 died (anaemia)	(a) 9 satisfactory 2 born before admission 1 died
3	A.P.H. ...	14	(a) All satisfactory	1 satisfactory 8 stillborn 4 died (one case of twins)
4	Non obstetrical ...	4	All satisfactory	3 satisfactory 1 died
5	Other conditions	6	5 satisfactory 1 died	1 satisfactory 5 born before admission
		58		

(a) Three mothers were discharged home before labour started.

Group 1 Contained cases necessitating: craniotomy 2, Caesarian section 7, forceps 5, internal version 1; 6 cases were delivered naturally.

Group 2 Included 6 cases of albuminuria and 7 of eclampsia.

Group 3 Included 3 cases of placenta prævia and 11 of accidental hæmorrhage.

Group 4 Included 1 case transferred to the maternity ward after appendectomy in the hospital, 1 where confinement occurred outside the hospital, 1 admitted because beds elsewhere were full and 1 who was thought to have an abnormal presentation which proved eventually to be normal.

Group 5 Included 1 with a history of post-partum hæmorrhage, 1 case of bacilluria, and 4 with retained placenta.

With a view to prevention of the disadvantages arising from the sudden necessity for urgent hospital treatment it is interesting to note that in one or two emergency cases the patients had been examined antenatally by a doctor, who was aware of the possible necessity of transfer to hospital but did not consider that the evidence was sufficient to make previous arrangements. In the majority of cases there is no evidence of antenatal care by a doctor having been systematically given.

In comparing the figures for this year with 1931 the chief points which are noticeable are the large number of cases of disproportion and obstructed labour—45—compared with 24 in 1931. The number of anticipated cases has increased in proportion to the emergency and would have been still greater but for the reasons given in the preceding paragraph.

The results to mother and child are encouraging.

			Total Cases.	Death of Mother.		Death of Children.	
1931	...	...	86	...	6	...	27
1932	...	...	116	...	4	...	27*

*This figure includes 1 child where the mother died undelivered, 1 child of a non-viable age and 1 pair of twins.

iii. Septic cases are admitted to a special isolation block at the Royal Hampshire County Hospital, Winchester. Cases are also admitted to the General Infirmary, Salisbury; the Royal Victoria and West Hants Hospital, Boscombe, and the Farnham Infirmary. During the year 1932 cases were dealt with under these arrangements as follows:—

Institution.	Number.
Farnham Infirmary	2
Royal Victoria and West Hants Hospital, Boscombe	2 (2 deaths)
Royal Hants County Hospital, Winchester	*18 (4 deaths)
Total septic cases admitted	22

*Excluding cases from Winchester City.

During the year 23 cases of puerperal fever were notified from the Administrative County.

iv. The provision for patients who need institutional accommodation for unsatisfactory housing conditions was reviewed in 1931.

It seemed advisable as a step towards the ideal of taking all sick persons out of the care of the Public Assistance Committee, the successors of the Boards of Guardians, that the Public Health Committee should make itself responsible for the institutional care of all maternity cases. In order to deal with this situation all the available accommodation was surveyed and it was decided to make use of those of the Public Assistance Institutions which were most satisfactory, at the same time not to abolish accommodation to such an extent as to be a hardship to patients or an extra expense to the Council by distance to travel. It was decided to concentrate on 7 of these and to arrange for periodical inspection so that improvements could be carried out where necessary.

This was considered to be of advantage to the patient by furnishing better environment and a more experienced midwifery service and to the community by freeing a number of beds which were little or never used for the purpose. Major alterations have now been carried out at the Infirmarys at Alverstoke and Winchfield rendering them very satisfactory maternity units, and minor alterations tending to efficiency carried out at some other Infirmarys. The regular accommodation now consists of beds in:—Andover and Boscombe Hospitals, Salisbury and Farnham Infirmary together with the Public Assistance Institutions at Alton, Basingstoke, Gosport, Lymington, Petersfield, Winchfield and Winchester. In addition cases are sent into other Institutions or Homes as necessary, and up to the closure on 30th June, 1932, into the Winchester Maternity Society Home at 13, St. Peter Street.

In view of the fact that Aldershot and Winchester Urban Districts were autonomous Maternity and Child Welfare authorities within the area served by the County Council Public Assistance Committee these Councils were consulted and both agreed to take a like step and deal with all their maternity patients whatever their financial status through their Public Health Committees.

“ Normal ” Cases.

Normal cases admitted to Institutions during 1932 under arrangements made by the Public Health Committee:—

	Number Admitted.
Alton Public Assistance Institution	44
Andover Hospital	2
Andover Public Assistance Institution	1
Basingstoke Public Assistance Institution	18
Boscombe Royal Victoria and West Hants Hospital... ..	2
Christchurch Public Assistance Institution	2
Droxford Public Assistance Institution	1
Farnham Infirmary	33
Gosport Public Assistance Institution	22
Lymington Public Assistance Institution	19
Petersfield Public Assistance Institution	8
Ringwood Public Assistance Institution	1
Salisbury General Infirmary... ..	3
Salisbury Public Assistance Institution	1
Winchfield Public Assistance Institution	24
Winchester Public Assistance Institution	33
Winchester, 13, St. Peter Street	6

It is interesting to note that during 1930, the last full year before the new arrangements were made with regard to admission of "normal" maternity cases, 77 were dealt with through the Public Health Committee and 102 in Public Assistance Institutions in the County, in addition 61 were dealt with in Public Assistance Institutions out of the County of whom 29 were normally resident in Aldershot and a certain number in Winchester. During 1932 the Boroughs of Aldershot and Winchester have made their own arrangements for maternity cases and 220 were dealt with by the Public Health Committee. There is therefore no reduction but rather the reverse in the number of cases admitted in spite of the closure of certain of the less suitable maternity wards in Public Assistance Institutions except for emergencies.

The following table includes all cases admitted to institutions under the County Council's scheme:—

INSTITUTION				Cases	Average Stay (days)	Total Cost	Cost per Patient per day	Average Cost per County Case
						£ s. d.	s. d.	£ s. d.
Andover W.M. Hospital	...	...	...	13	18.7	61 13 5	5 1	4 14 10
Boscombe R.V. and W.H. Hospital	...	...	...	20	20.75	179 16 8	8 8	8 19 10
Fleet Cottage Hospital	...	...	...	1	27	3 0 0	2 3	3 0 0
Salisbury General Infirmary	...	...	...	8	21	46 0 0	5 6	5 15 0
Winchester R.H.C. Hospital	...	...	...		
County	...	...	...	91	22.7	1075 11 4	10 5	11 16 5
City	...	...	...	5		*67 17 11		
13, St. Peter Street (closed 30th June)	...	...	...	6	13.5	56 13 0	14 0	9 8 10
Farnham P.A. Institution	...	...	...	45	16.9	175 7 0	4 7	3 17 11
Alton P.A. Institution	...	...	...	44	14.3	86 0 0	2 9	1 19 1
Andover	..	...	...	1	23	3 7 6	2 11	3 7 6
Basingstoke	..	...	...	18	12.3	27 12 6	2 6	1 10 8
Christchurch	..	...	...	2	15	3 15 0	2 6	1 17 6
Droxford	..	...	...	1	16	2 0 0	2 6	2 0 0
Gosport	..	...	...	22	16.2	46 7 6	2 7	2 2 2
Lymington	..	...	...	19	16	38 7 0	2 6	2 0 4
Petersfield	..	...	...	8	18.5	19 0 0	2 7	2 7 6
Ringwood	..	...	...	1	21	2 12 6	2 6	2 12 6
Salisbury	..	...	...	1	18	6 8 1	7 1	6 8 1
Winchfield	..	...	...	24	21.5	64 10 0	2 6	2 13 9
Winchester	..	...	...	33	13.5	65 15 0	2 11	1 19 10
TOTALS AND AVERAGES				363	17.9	2031 14 5	6 3	5 11 11

	£ s. d.
*Repaid by City	67 17 11
Total Cost	2031 14 5
Total repayments	701 14 5
Net cost to C.C.	£1330 0 0

Institutional Arrangements for Unmarried Mothers.

The arrangements with the Mothers' Hostel, Waltham House, Epsom, have been continued with the exception that owing to the difficulty experienced in filling four beds during 1930, notice was given to reduce the number of contract beds to two from 1st May, 1931.

In 1927 eleven cases were admitted, in 1928 six, in 1929 six, in 1930 four, and in 1931 one. In 1932 two cases were admitted, the average length of stay being nearly eight months.

It has been the practice for the mother and baby to go to Waltham House as soon as convenient after the confinement has taken place, but the Voluntary Committee which has made this provision has now arranged for confinements to take place at a Maternity Home in the neighbourhood and girls can now be received in the Hostel before the confinement and be sent to the Maternity Home when the time comes. There is no additional charge because of confinement expenses and the arrangement appears to be a satisfactory one. Five such cases were admitted in 1932, the average length of stay being three and a half months.

When a mother is unable to take the child with her, arrangements are made for it to remain under the provisions mentioned in previous reports, the mother contributing in accordance with her means and the County Council making a grant not exceeding 10s. a week for a limited period. There is no fixed arrangement as to number of cases and each is dealt with on its merits.

Other institutional accommodation for unmarried mothers is provided by the Winchester Diocesan Society Maternity Home, North Walls, Winchester, as reported in 1930. Four cases were dealt with during the year 1932. During the year 1932-1933 a contribution of £621 was made by the County Council in respect of the services provided by this home.

Nursing Homes.

On the 31st December, 1932, 48 Nursing Homes receiving maternity cases were registered.

These homes dealt with 349 cases in the year ended the 31st December, 1932, but the nine under-mentioned homes were open for less than the 12 months.

Nursing Home.	Length of time open at December 31st, 1932.			
Arizona, Wynter Road, Bitterne	6 months
St. Faith's Nursing Home, Chandler's Ford	8 "
Ravenswood, Prospect Road, Cove	6 "
Marston Lodge, Emsworth	1 month
Arlington, 187, West Street, Fareham	9 months
25, Kensington Road, Gosport	2 "
Stonehenge, Beach Road, South Hayling	11 "
The Towers, Netley Abbey	7 "
63, Romsey Road, Winchester	4 "

The accommodation varies from one to 14 beds.

12 Homes were authorised to deal with one case at a time. Fourteen were authorised to deal with two cases at a time, and the remainder were able to take more than two cases at one time.

The number of cases dealt with varied from one to 29.

The areas in which the homes are situated are as follows: Aldershot (3), Alverstoke (2), Andover, Baddesley, Basingstoke, Bishop's Waltham, Bitterne, Blackwater, Botley, Brockenhurst, Chandler's Ford, Christchurch, Cove, Emsworth, East Boldre, Fareham (2), Farnborough (3), Fawley, Gosport (2), Grayshott, Havant (2), Hartley Wintney, Hayling, Lymington, Netley Abbey, New Milton, Portmore, Sheet, Swanmore, Totton (4), Waterlooville, Winchester (6).

The under-mentioned homes were open on the 1st January, 1932, but were closed during the year.

Nursing Home.	Date Closed.
Albert Nursing Home, Douglas Avenue, Christchurch ...	April, 1932.
Toria, Reading Road, South Farnborough ...	November, 1932
Rose View, First Avenue, Farlington ...	March, 1932
13, St. Peter Street, Winchester ...	June, 1932
Holmleigh, Warsash ...	October, 1932

Maternal Mortality.

The Registrar General allocates the deaths of 42 women as a result of pregnancy or connected therewith to this County for 1932. This is nearly twice as many as in 1931 and gives a maternal mortality rate of 5.53, the highest for many years. Taking this year's figure with that of the preceding four years an average of 3.72 is given which is very little more than the average of the five years 1923-27 which was 3.22. Where small numbers are concerned the addition of a relatively few cases largely raises the figure of incidence. Of the 42 cases investigations were made by the Deputy County Medical Officer in 30, the majority of the other cases occurred in the areas of other Maternity and Child Welfare authorities.

The causes of deaths in the 30 cases investigated here were:—

1. Acute illness unconnected with pregnancy ...	3
2. Sepsis ...	14
3. Toxæmia ...	2
4. P.P.H. ...	3
5. Pulmonary embolism ...	2
6. Other causes ...	6

During the year there was an increased number of deaths from sepsis; of these three followed abortion, one was due to scarlet fever contracted from a neighbour and two to acute tonsillitis occurring in the patient at the time. Two cases might have been due to infection from cases of acute tonsillitis recently nursed by the midwives but swabs from the throats of the midwives did not confirm this theory. One case of sepsis was first noticed five weeks after the birth and in one there was definite disease of the placenta. In the remaining four no indication of the source of infection appeared. In no case was there difficult labour though in one or two low forceps were used.

Of the 11 cases, abortions excluded, nine were midwives cases, one a doctor's and one a hospital case.

The deaths from other causes were from ante-partum hæmorrhage (2), heart failure after Cæsarian section in a case of heart disease, collapse after craniotomy, forceps having failed in a case of persistent posterior presentation, profound secondary anæmia and shock following Cæsarian section for placenta prævia.

Of the cases of toxæmia one was acute yellow atrophy and the other eclampsia who had been undergoing very successful treatment in hospital but discharged herself against advice and was readmitted in extremis.

In no case can it be said that lack of ante-natal care was a predisposing cause of the fatalities and in no case was there any difficulty in obtaining admission to hospital.

Of all fatal cases, apart from abortions, 18 were midwives' cases, 6 doctors', and 2 hospital cases, the distribution between midwives and doctors being exactly the same as in all confinements at the present time.

Puerperal Fever and Puerperal Pyrexia.

During the twelve months ended 31st December, 1932, there were 72 cases of puerperal pyrexia and 23 of puerperal fever notified. In 39 and 18 of these cases respectively medical aid was sought by midwives as shown in the following table, the figures in brackets are those for 1931.

			Puerperal Pyrexia.		Puerperal Fever.
Prolonged labour ...	...	...	3	...	3
Rise of temperature ...	...	...	26	...	13
Rapid pulse ...	...	...	1	...	1
Retained placenta ...	...	...	2	...	—
Breech presentation ...	...	...	1	...	—
A.P.H. ...	...	...	1	...	—
Threatened abortion ...	...	...	1	...	—
Ruptured perineum...	...	...	1	...	1
Offensive lochia ...	...	...	1	...	—
Pain in back and side ...	...	...	1	...	—
Mastitis ...	...	...	1	...	—
			—		—
			39 (47)	...	18 (9)
			—		—

The remaining 33 cases of puerperal pyrexia and 5 of puerperal fever were not midwives' cases.

In the report for 1926 reference was made to the Order issued by the Ministry of Health requiring the notification of both Puerperal Fever and Puerperal Pyrexia. The Order came into operation on the 1st October, 1926, and in addition to the particulars ordinarily given in a notification of infectious disease, the notifying practitioner is asked to say whether he desires (i) a second opinion; (ii) bacteriological examination of (a) lochia, (b) blood; (iii) the patient's admission to hospital; (iv.) the provision of trained nurses.

(i.) During the year 1932 the services of an approved consultant were asked for in 5 cases of puerperal pyrexia and 6 cases of puerperal fever; 4 of these cases were admitted to hospital.

(ii.) Two practitioners requested a bacteriological examination of blood, and two specimens of lochia were received.

(iii.) 37 cases notified as Puerperal Pyrexia or Puerperal Fever were admitted to hospital.

(iv.) The services of the County Council Health Visitor were asked for and provided in two cases.

Midwives summoned medical aid in 114 cases of rise of temperature and in 4 cases of rapid pulse during the year.

The arrangements for the services of consultants for puerperal pyrexia and puerperal fever remain as detailed in the report for 1930.

Antistreptococcal serum is supplied, where necessary, under the Provisions of the Maternity and Child Welfare Act, 1918.

In 30 cases the woman was undoubtedly suffering from sepsis.

In 14 the doctor had to be summoned and took part in the confinement.

In 16, the midwife alone attended,

It will be noticed that the number of cases of puerperal fever notified in 1932 was double the number notified in the previous year and turning to the cause of death, that the deaths from puerperal sepsis were also double the number of those in 1931. The prevention of puerperal sepsis is exceedingly difficult, depending as it does on so many factors. To help to trace the origin, and so prevent, the addition of puerperal pyrexia to the list of notifiable diseases was made. The definition of this is precise but includes also cases where no sepsis was present. I have analysed, as far as possible, all cases of puerperal pyrexia and puerperal fever notified as occurring in midwives' cases in 1932. Of the 57 cases so notified, one was later said to be a doctor's case, and in one the notification was later withdrawn. The remainder were divided into whether the midwife alone attended, or had to have medical help, and as a result of investigation into whether sepsis was present or not. In two cases, the baby was born before the midwife arrived, and in 21 cases the patient's condition was probably not due to sepsis, in two, doubtfully so.

Conditions in these 16 leading to sepsis appeared to be as follows:—

Outside Infection in Three.

1. Scarlet fever derived from a neighbour.
2. Child in cot with mother removed at same time as mother to Isolation Hospital with scarlet fever.
3. Fever developed day of confinement and infection probably before birth.

Possibly Midwife in Three.

1. Midwife recently had a sore throat and had attended a case recently, with a doctor, who died of salpingitis and peritonitis.
2. Midwife had recently attended a woman with tonsillitis who developed septicæmia and died.
3. Midwife had a slight cold but patient was in poor general health and had a long labour with an unreduced occipito-posterior presentation.

No indication of source of infection appeared in 6 cases, although in one, some pieces of membrane were retained, and in another, there had been A.P.H. on two occasions, and the baby was born prematurely at the 6th month.

In the remaining four cases the only possible information as to the cause of the sepsis was unusual hæmorrhage, poor health owing to worry over domestic affairs, septic teeth, uterine discharge.

In the 14 cases where the doctor's services were called for by the midwife manual removal of adherent placenta was undertaken in 3 cases (the midwife had a cold in one), a breech presentation with extended legs occurred in one case and forceps were needed in the remainder (for persistent occipito posterior 5 times) in one of which the patient also had had recurrent A.P.H. and suffered with a septic leg.

Where sepsis was not the cause of the fever the condition was due to:—

Breasts	...	...	...	6	Pyelitis	...	...	...	3
Bowels	...	...	...	1	Unknown	...	...	...	5
Influenza	...	...	...	3	Appendicitis	...	...	...	1
Worry	...	...	...	1	Scarlet fever	...	...	...	1

The unknown cases were all not septic according to the opinion of the doctor attending.

Bacteriological examinations were not made in more than 2 or 3 cases. In no case was the source of infection traced.

The difficulty of definitely determining the cause of the pyrexia and the absence of any clear-cut means of preventing these cases from occurring is obvious. During the course of the year, the midwives in the County were all provided with a memorandum based on the Final Report of the Committee on Maternal Mortality and Morbidity and the Inspector of Midwives was asked to see that the attention of each midwife was drawn to the essentials of procedure. All doctors practising in the County area were also provided with the essential extracts from the same Report and each case as notified closely followed up to obtain bacteriological evidence if possible of the nature of infection and its source.

Other emergencies arising during labour or lying-in.

The Council has made arrangements for the same consultants as are available in cases of puerperal sepsis to be called in where other emergencies arise during labour or lying-in.

During the year a consultant was called in in five cases of difficult labour.

Stillbirth.

During the year 1932, 263 stillbirths were registered; this includes transfers from areas outside the County where the mother is a normal resident in the County, and births occurring in Institutions. Cases occurring in a midwife's practice are, as far as possible, investigated by the Inspector of Midwives.

Of 114 cases so investigated 59 were macerated and 55 fresh. The causes of stillbirths, so far as could be ascertained from the reports, were as follows:—

	Macerated.		Fresh.	
Complications of labour	—	...	31	
Ante-partum hæmorrhage	2	...	2	
Toxæmia of pregnancy	5	...	2	
Syphilis	—	...	—	
Maternal state	—	...	—	
Placental state	3	...	—	
Fœtal state	14	...	12	
Prematurity	3	...	2	
Cause unknown	32	...	6	

The fœtal states included 8 of deformity, mostly gross.

Of the 55 fresh fœtuses the cause of death was due to:—

Complications of labour:—

Breech presentation	13		
Unreduced occipito-posterior	3		
Prolapse of cord in vertex	2		
Face presentation	1		
Difficult labour with vertex	12		
	—	Total	31
Ante-partum hæmorrhage ... ..		...	2
Toxæmia of pregnancy ... ..		...	2
Fœtal states:—			
Deformities	5		
Twins	5		
Cord round neck	2		
	—	Total	12
Prematurity			2
Unknown			6

Of the breech cases, 4 had attended an Ante-natal Clinic.

1. Turned at 8th month reverted.
2. Only seen early in pregnancy.
3. Position was vertex until last week.
4. Position was occipito-posterior 10 days before.

Of the difficult labour with vertex cases, 4 had attended an Ante-natal Clinic.

1. Had a head too large for pelvis resulting in Craniotomy.
2. Had a long labour.
3. Difficulty in delivery of head.
4. Posterior position of arm.

Both cases of albuminuria had attended an Ante-natal Clinic.

The prevention of stillbirths resulting from breech presentations is a complex problem; such a presentation in some cases may lead to no difficulty whatever, but in others there is bound to arise considerable danger to the child even if the presentation is not complicated by insufficient flexion, or in other ways. Ante-natal care cannot always prevent difficulties, since vertex presentations may become converted to a breech a few days before labour starts, and breech presentations converted at the Ante-natal Clinic to vertex, may revert. The mortality is not entirely due to the lack of medical assistance since of the 13 deaths 5 confinements were conducted throughout by the midwife and 5 by a doctor called in by the midwife before the breech was born. Moreover, the stillbirth rate in breech presentations, even in hospital practice is upwards of 33 per cent.

With respect to the prevention of stillbirths arising from other varieties of difficult labour, it is possible that better ante-natal care with earlier resort to hospital might effect a slight reduction.

Toxæmia of pregnancy accounted for at least 7 cases of stillbirth and possibly more attention to the treatment of these cases would result in some saving of babies. The cause of one third of the stillbirths is unknown and no doubt this wastage from unknown causes is linked up with neonatal mortality, and requires further research.

Ophthalmia Neonatorum.

During the year the arrangements described in previous reports have worked smoothly and satisfactorily; 13 cases were nursed at home by the Health Visitors and six admitted to hospital. This service is invaluable in preventing grave injury to the child's vision, if not total loss of sight.

Notifications of 60 cases of Ophthalmia Neonatorum were received. From 33 cases smears were received, and Gonococci were found to be present in three of these. In each of such cases attendance at the appropriate clinic is urged and the case closely followed up.

The incidence of cases for 1,000 live births over the past 6 years as compared with that for England and Wales is shown below:—

	1926	1927	1928	1929	1930	1931	Average 1926-1931	1932
Hampshire	8.1	7.2	9.0	8.3	7.5	4.6	7.4	7.9
England and Wales...	8.5	9.0	8.6	8.5	8.3	8.2	8.5	—

An investigation has been made into the after histories of cases notified as ophthalmia neonatorum with the following results:—

Year	Number notified	Eyes normal	One eye blind	Both eyes blind	Dead, left district, etc.	One eye partially blind, squint
1928	70	52	1	1	16	—
1929	63	54	1	2	6	—
1930	57	50	—	—	7	—
1931	36	35	—	—	1	—
1932	60	50	5	1	1	3

The case resulting in total blindness was that of a baby admitted to Winchfield Infirmary in a moribund condition ten hours after birth, weighing 4lbs. 5ozs. The discharge was noticed on admission and smears taken showing gonococci. After constant unremitting attention day and night, the child was well enough by the seventh day to be transferred to Southampton Eye Hospital. After discharge, the child's condition was very bad for some time but eventually the life was saved but not the sight. Three cases occurred in the Louise Margaret Hospital, Aldershot, which resulted in injury to sight, and, by the courtesy of Major Field, Officer i/c the Hospital, I am informed that bacteriological examination was made in each case. The cultures were sterile, and films taken did not show the presence of gram negative diplococci. The nature of the infection was therefore not established. During pregnancy no abnormal condition was found at ante-natal examination which could account for the conjunctivitis. The arrangements made in this hospital to prevent the onset of ophthalmia neonatorum consist in the swabbing of the infant's eyes when the head is born and Curtis method of instillation of 1% solution of Silver Nitrate on the birth of the child. On 28th November, the Medical Officer of Health of Aldershot gave the following information derived from the o/c Louise Margaret Hospital:—

Case 1. Right eye bad nebula—slight impairment of vision possible.
Left eye—perforated ulcer—blind.

Case 2. Right eye—bad nebula.
Left eye—not so bad—possible slight vision.

Case 3. Right eye—bad central ulcer.
Left eye—ulcer—impairment of vision.

The babies were born on 2nd August, 4th September, and 1st September, 1932, and the diagnosis made was acute mucopurulent conjunctivitis probably mixed streptococcal infection.

Midwives practising in the County have all been instructed to use instillations of a silver preparation, preferably $\frac{1}{2}$ or 1% Silver Nitrate immediately after cleaning the eyes with boracic lotion.

This treatment was carried out in the case of the child who became blind, but no doubt owing to the child's very feeble condition, was not successful.

(B) Child Welfare.

The absolute necessity for obtaining early information of the births of infants to enable adequate supervision of their health to be instituted as early

as possible makes the satisfactory carrying out of the regulations of the Notification of Births Acts of fundamental importance.

Notification of Births.

The County Council is the Local Authority for the purpose of the Notification of Births Act for the whole area, with the exception of the City of Winchester and the Borough of Aldershot.

Notifications Received.

YEAR	BORN LIVING			BORN DEAD			GRAND TOTALS		
	Male	Female	Total	Male	Female	Total	Male	Female	TOTAL
1921	3506	3331	6837	122	87	209	3628	3418	7046
1922	3331	3145	6476	137	86	223	3468	3231	6699
1923	3332	3161	6493	127	85	212	3459	3246	6705
1924	3156	2963	6119	106	73	179	3262	3036	6298
1925	3270	3012	6282	96	93	189	3366	3105	6471
1926	3009	2947	5956	100	89	189	3109	3036	6145
1927	2958	2971	5929	96	96	192	3052	3069	6121
1928	3065	2968	6033	108	95	203	3173	3063	6236
1929	3069	2944	6013	113	82	195	3182	3026	6208
1930	3049	3088	6137	103	92	195	3152	3180	6332
1931	3117	2992	6109	117	90	207	3234	3082	6316
1932	3118	2943	6061	101	85	186	3219	3028	6247

Failures to Notify.

Year	Total	Attended by Doctor	Attended by Midwife
1921	64	46	18
1922	93	70	23
1923	55	48	7
1924	83	68	15
1925	48	35	13
1926	69	53	16
1927	48	41	7
1928	41	35	6
1929	51	41	10
1930	53	36	17
1931	60	50	10
1932	42	35	7

At the end of every month a list of births notified in his district is sent to the registrar of every registration district in the County with a request that he be good enough to check this list with the births registered by him during the same period and to send me information of any birth which has been registered but not notified. On receipt of such information a letter is sent to the father of the child whose attention is called to the law and who is asked to give the name of the doctor or the midwife who attended his wife. The attention of the doctor or the midwife concerned is then drawn to the requirements of the Notification of Births Acts.

It will be seen that 42 births were not notified; this number represents 0.67 per cent. of all births.

All doctors and midwives in the County are supplied by the County Medical Officer with cards on which they are required to notify births attended by them. When a notification is received of a birth attended by a midwife the case is visited as soon after the midwife ceases attending as can be arranged in conjunction with the Health Visitor's other work, and advice is given to the mother as to how to take care of her child. A pamphlet on the subject, written by the County Medical Officer, is sent in each case. These visits are greatly appreciated, not only by most mothers, but by the majority of the midwives also.

In the case of births attended by doctors the Health Visitor exercises her discretion, regard being had to the apparent circumstances of the family as to whether a visit is necessary or not. It is obvious in some cases that advice should not be required whilst in others it is equally obvious that a Health Visitor can be of considerable assistance.

The Health Visitor continues to pay visits to give advice and help until the child is of school age. During the year 1932, 81,126 such visits were made including:—

To children under one year of age—first visits 6,481; total visits 34,014.

To children between the ages of one and 5 years—total visits 47,112.

The importance of an early visit by the Health Visitor is stressed but care is taken to avoid overlapping with the midwife in charge of the case. During the first twelve months of the baby's life a visit once a month is paid as far as is practicable and more often when the circumstances seem to require it. The arrangements made with regard to the supervision of children born in Barracks were detailed in the report for 1930.

The increase in the number of visits to children between the ages of one and five years is to be noted. The need for more adequate supervision of children at this period of life has been more than once emphasized and this increase in visits is due to the recognition of that need. In addition to home visiting the attendance of toddlers at Child Welfare Centres is encouraged as much as possible and it will be noted that there is a slight increase in these this year in spite of all the difficulties.

Breast Feeding of Infants.

The importance of the mother feeding her own child for six months at least is emphasized and Health Visitors are instructed to encourage this practice. Of 2,652 children born between January 1st and June 30th, 1932, 70 per cent. were breast fed to the age of six months, which compares favourably with 69 per cent. in 1931.

Child Welfare Centres.

The following table shows the situation, times of opening and alterations with regard to the Centres in operation at the present time.

The Centres at Hurn and Hyde were closed during the year and Drayton was incorporated in the County Borough of Portsmouth. At Bransgore, Hurstbourne Priors, Rowlands Castle and Thorney Hill the regular attendance of a Medical Officer has been discontinued; the Health Visitor continues to attend to weigh the children and give such advice as is necessary. Where medical advice is needed she takes appropriate action.

The use of such Centres in addition to home visits by the Health Visitors is undoubted. The total number of children who attended for the first time during the year was:—

Children under one year of age...	...	...	2754 (2549)
Children between 1 and 5 years...	...	...	1297 (1196)
The percentage of total notified births being	...	45	(40)

The total number of attendances at all Centres during the year was:—

Children under 1 year of age ...	...	...	27276 (24772)
Children between the age of 1 and 5 ...	...	...	41120 (40040)

During the year 1932, 632 addresses were given by Medical Officers, 92 by County Dental Officers, 347 by Health Visitors and 50 by Voluntary Workers, dealing with a large variety of subjects as in former years.

The supervision of "toddlers" at the Welfare Centres is much to be desired but difficult to obtain for various reasons; it is satisfactory to see an increase on last year's figures. Home visits, as previously mentioned, have been largely increased to children at these ages.

The Lymington Infant Welfare Centre was successful in receiving a certificate of high commendation from the National Baby Week Council for the most effective Baby Week campaign in 1932.

A second class certificate in connection with the competition held by the Association of Maternity and Child Welfare Centres was awarded to Headley Welfare Centre in 1932.

A special effort was made by the Locks Heath Infant Welfare Centre in connection with the Baby Week competition.

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	MEDICAL OFFICER	Number of New Cases				Total Attendances				All Children	Total Number of Sessions	Average Attendance per Session		Lectures given by	
				Expectant Mothers	Under one year	One to two years	2-5 years	Expectant and other Mothers	Under one year	One to two years	2-5 years			Mothers	Children	Medical Officer	Health Visitor
Alresford (Opened March)	Town Hall	Third Monday in month	Dr. Appleton	9	31	16	25	169	98	42	62	202	9	19	22	2	—
Alton ...	Friends' Meeting House	Every Tuesday	Dr. Bond	—	31	12	12	637	320	117	352	789	46	14	17	8	11
Ampert	Ampert Hut	First Monday in month	Dr. Simpson	1	24	3	5	235	107	96	135	338	11	21	31	8	—
Andover	Old Cottage Hospital Junction Road	Every Thursday	Dr. Simpson	—	90	14	14	2378	1243	720	1096	3059	45	53	68	—	—
Appleshaw	Church Hall	Third Wednesday in month	Dr. Simpson	—	9	1	6	159	54	48	94	196	12	13	16	10	1
Basing ...	Working Men's Club Room	First Tuesday in month	Dr. Bond	—	10	2	10	358	99	101	207	407	11	33	37	8	—
Basingstoke	Church Cottage, Church Square	Every Friday	Dr. Bond	—	84	18	25	1459	1091	413	563	2067	51	29	41	1	1
Bishops Waltham (Opened March)	The Institute	First Friday in month	Dr. W. D. Mitchell	9	38	26	21	156	77	61	45	183	10	16	18	8	3
Boldre ...	Thanksgiving Hall	Third Tuesday in month	Dr. Cockayne	—	5	—	1	157	53	37	101	191	11	14	17	9	—
Botley ...	Market Hall	Alternate Wednesdays	*Dr. A. S. Pern	—	23	—	1	936	518	341	350	1209	26	36	47	10	—
Bransgore	Church Room	First Wednesday in month	Dr. Cockayne	—	8	2	5	56	25	16	27	68	11	5	6	5	2
Breamore	Hulse Hall	Second Wednesday in month	Dr. Cockayne	—	16	1	6	154	66	15	90	171	12	13	14	8	1
Brockenhurst	Morant Hall	First and Third Tuesdays	*Dr. C. A. Dottridge	—	11	1	1	424	168	118	185	471	22	19	21	—	3

Broughton	...	Village Hall	First Wednesday in month	Dr. Appleton	—	4	—	—	108	24	20	83	127	10	11	13	5	1
Buriton	...	Women's Institute Room	Second Wednesday in month	Dr. Stanley	—	12	2	2	106	49	37	59	145	11	10	13	1	—
Bursledon	...	Parish Hall	First Thursday	Dr. Druitt	—	22	—	3	329	152	60	209	421	12	27	35	8	3
Chandlersford	...	Ritchie Hall	First and Third Tuesdays in month (2 p.m.)	Dr. Tate	1	13	4	4	404	215	172	86	473	23	18	21	9	—
Cheriton	...	Parish Hall	Third Friday in month	Dr. Bond	4	6	3	2	183	45	63	86	194	11	17	18	8	—
Chilbolton	...	Village Hall	Second Monday in month	Dr. Simpson	—	7	1	1	150	52	64	77	193	11	14	18	9	—
Christchurch (1)	...	Town Hall	Every Tuesday	Dr. Cockayne	10	74	9	37	3069	1272	710	1936	3918	44	70	89	28	10
Colden Common	...	Parish Hall	Fourth Thursday in month	Dr. Appleton	—	23	3	10	313	117	95	149	361	11	28	33	—	2
Copythorne	...	Comrades' Hut, Cadnam	Second and Fourth Thursdays in month	Dr. Druitt	—	9	3	3	320	92	149	197	438	23	14	19	5	12
Cove ...	...	St. Christopher's Church Room	Every Thursday	Dr. Avent	1	42	5	20	1531	959	383	569	1911	45	34	42	8	18
Denmead	...	Church Room	Second and Fourth Wednesdays in month	Dr. Shed	—	10	6	—	426	98	136	112	346	21	20	16	5	12
Drayton (2)	...	The Institute, Havant Road	Second and Fourth Thursdays in month	Dr. Stanley	—	1	1	1	77	14	31	44	89	6	13	15	—	6
Droxford	...	Village Hall	First Tuesday in month	Dr. Shed	1	17	7	11	180	71	67	93	231	12	15	19	11	—
East Boldre	...	Parish Hall	First Monday in month	Dr. Cockayne	—	6	1	1	177	52	84	66	202	11	16	18	11	—
Eastleigh	...	C.C. Health Centre	Every Wednesday (at 2 p.m.)	Dr. Tate	—	169	15	64	3277	2135	668	1188	3991	46	71	87	—	—
Emsworth	...	Parish Room	First and Third Thursdays in month (at 3 p.m.)	*Dr. R. M. Soames	1	23	2	4	608	292	95	348	735	22	28	33	—	11

(1) Transferred to C.C. Health Centre in June. (2) Into Borough of Portsmouth area, 1st April.

CENTRE	WHERE HELD	WHEN HELD <small>All meetings commence at 2.30 p.m. unless otherwise stated</small>	MEDICAL OFFICER	Number of New Cases				Total Attendances				All Children	Total Number of Sessions	Average Attendance per Session		Lectures given by	
				Expectant Mothers	Under one year	One to two years	2-5 years	Expectant and other Mothers	Under one year	One to two years	2-5 years			Mothers	Children	Medical Officer	Health Visitor
Eversley	Scouts Hut	First Tuesday in month	—	—	11	3	4	152	50	65	103	218	11	14	20	5	3
Fair Oak	Women's Hall	First Tuesday in month	Dr. Tate	1	16	8	4	267	113	103	164	380	11	24	35	4	3
Fareham	Parish Hall	Second, Third and Fourth Fridays in month	Dr. Druitt	—	60	7	18	1397	765	394	675	1834	36	39	51	5	18
Farnborough	St. Martin's Club Rooms	Every Tuesday	Dr. Avent	2	73	16	11	1059	820	297	147	1264	43	25	29	—	—
Fawley ...	Village Hall	First Monday in month	Dr. Druitt	—	28	9	6	354	139	134	168	441	11	32	40	4	—
Fleet ...	Church Institute	First and Third Thursdays	Dr. Avent	—	53	11	13	762	425	308	221	954	21	36	45	4	—
Fordingbridge	Welfare Rooms	Every Friday	Dr. Cockayne	—	35	4	10	1037	330	269	602	1201	51	20	24	18	3
Forton ...	Crossways Hut	Alternate Wed.	Dr. Shed	21	190	39	28	2567	1635	726	597	2958	25	103	118	7	13
Gosport	Nicholson Memorial Hall	Every Thursday	Dr. Shed	—	171	11	8	3360	2239	587	566	3392	51	66	67	6	2
Grayshott	Village Hall	Every Friday (at 2.45 p.m.)	*Dr. Sarah Gray	—	21	—	2	471	276	161	127	564	51	9	11	—	1
Hartley Wintney	Women's Institute Hut	First and Third Fridays in month	Dr. Avent	—	13	2	3	553	198	125	176	499	24	23	21	2	2
Hatherden	Reading Room	Fourth Tuesday in month	Dr. Simpson	—	2	—	—	72	21	26	72	119	11	7	11	7	1
Havant	C.C. Health Centre	Second and Fourth Tuesdays in month	Dr. Stanley	—	20	5	7	359	132	96	226	454	20	18	23	9	12
Hayling	Y.M.C.A. Hut, Elm Grove	First and Third Wednesdays in month	Dr. Stanley	1	16	1	1	361	112	140	148	400	18	20	22	5	9

Headley	...	Village Hall	Every Friday	Dr. Stanley	—	24	4	8	806	327	229	505	1061	36	22	29	4	9
Hordle ...	...	Women's Institute Hall	Third Monday in month	Dr. Cockayne	—	14	4	2	152	93	44	79	216	10	15	22	8	—
Houghton	...	Club Room	Second Thursday in month	Dr. Appleton	1	4	2	2	87	27	10	71	108	11	8	10	4	—
Hurn ... (Closed Dec. 1932)	...	Recreation Room Heron Court	Third Wednesday in month	*Dr. E. Knowles	—	7	1	2	155	86	63	59	208	11	14	19	—	7
Hurstbourne Priors	...	Village Hall	First Wednesday in month	Dr. Simpson	—	6	2	4	80	27	39	24	90	11	7	8	4	3
Hyde ... (Closed Sept. 1932)	...	Memorial Hall	Fourth Wednesday in month	Dr. Cockayne	—	1	1	2	52	3	6	48	57	8	6	7	7	—
Hythe ...	...	St. John's Room	Second and Fourth Tuesdays in month	Dr. Druitt	1	19	—	2	372	154	156	247	537	21	18	27	8	2
Itchen Abbas	...	Village Hall	Second Wednesday in month	Dr. Appleton	5	14	2	3	188	85	66	97	248	11	17	23	2	—
Kingsclere	...	Village Club	Fourth Thursday in month	Dr. Kelf	—	36	3	9	409	185	155	246	586	11	37	53	8	—
Kings Somborne	...	Village Hall	Second and Fourth Tuesdays in month	Dr. Appleton	—	23	—	3	298	140	121	140	401	21	14	19	7	9
Kings Worthy	...	Parish Hut	First Thursday in month	Dr. Appleton	1	13	1	4	207	78	87	86	251	12	17	21	4	2
Lee-on-Solent	...	Lowry Hut	First and Third Tuesdays in month	Dr. Appleton	—	27	8	—	383	236	127	132	495	22	17	22	6	5
Liphook	...	Church Room	First and Third Tuesdays in month	Dr. Stanley	—	17	3	9	404	143	123	285	551	22	18	25	2	—
Liss	...	St. Mary's Sunday School	First and Third Fridays in month	*Drs. Scott and Corry	—	34	2	2	343	200	67	176	443	21	16	21	—	8
Lockerley	...	Memorial Hall	Fourth Wednesday in month	Dr. Appleton	—	14	3	9	156	79	50	98	227	11	14	21	2	2

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	MEDICAL OFFICER	Number of New Cases				Total Attendances				All Children	Total Number of Sessions	Average Attendance per Session		Lectures given by	
				Expectant Mothers	Under one year	One to two years	2-5 years	Expectant and other Mothers	Under one year	One to two years	2-5 years			Mothers	Children	Medical Officer	Health Visitor
Locks Heath	Memorial Hut	Alternate Tuesdays	*Dr. J. R. Kingdon	—	23	—	—	215	112	111	81	304	14	15	22	1	10
Longparish	Village Hall	Second Wednesday in month	Dr. Simpson	—	8	—	3	124	43	44	66	153	12	10	13	9	—
Lymington	Literary Institute	Every Friday	Dr. Cockayne	—	34	5	7	2219	568	706	1657	2931	44	50	67	8	5
Lyndhurst	Church Room, Forest Gardens	Second and Fourth Wednesdays in month	*Dr. E. H. Sears	—	8	—	4	305	95	76	190	361	22	14	16	—	3
Marchwood	Church Room	First and Third Tuesdays in month	Dr. Druitt	—	14	2	4	433	118	239	113	470	22	20	21	8	2
Mattingley	Women's Institute Hut	Third Tuesday in month	Dr. Avent	—	10	—	3	154	58	23	118	199	11	14	18	3	3
Micheldever	Northbrook Hall	Second Friday in month	Dr. Appleton	1	15	4	3	205	78	58	131	267	12	17	22	4	3
Milford-on-Sea	Church Hall	Third Thursday in month	Dr. Cockayne	—	13	—	1	157	68	33	92	193	11	14	18	8	—
Millbrook	Recreation Room	Second and Fourth Tuesdays in month	Dr. Druitt	—	6	2	2	200	78	53	138	269	21	10	13	3	7
Mottisfont	Parish Room	First and Third Thursdays in month	Dr. Tate	2	18	3	4	239	147	65	54	266	22	11	12	8	2
Netley	Legion Hut	Second Wednesday in month	Dr. Druitt	6	44	10	3	435	271	198	101	570	11	40	52	5	—
New Milton	Institute	Second and Fourth Thursdays in month (at 2 p.m.)	*Dr. E. C. Huddy	—	21	—	7	325	121	143	164	428	21	15	20	4	4
Newnham	Red Room	First Wednesday in month	Dr. Bond	—	10	2	1	188	61	82	74	217	11	17	20	5	1

North Baddesley	Symes Memorial Hall	First and Third Fridays	Dr. Druitt	—	13	—	2	565	87	133	219	439	23	25	19	5	7
North Waltham	Rectory Club Room	Third Friday in month (2.15 p.m.)	Dr. Kelf	—	2	—	2	76	40	38	49	127	11	7	12	10	—
Oakley ...	Parish Hall	Third Thursday in month	Dr. Kelf	—	5	1	2	155	53	45	113	211	11	14	19	5	—
Odiham	The Hut, Dunley's Hill	Second and Fourth Fridays in month	Dr. Avent	—	24	2	6	284	169	78	95	342	21	14	16	6	9
Overton	St. Mary's Hall	First Thursday in month (at 2 p.m.)	Dr. Kelf	—	36	7	20	344	172	92	211	475	11	31	43	8	—
Over Wallop	Church Room	Fourth Wednesday in month	Dr. Simpson	—	10	2	3	144	51	49	112	212	11	13	19	8	—
Owslebury	Village Hall	Third Wednesday in month	Dr. Appleton	—	—	—	—	72	22	34	26	82	11	6	7	5	—
Pennington	Women's Institute	Second and Fourth Thursdays in month	Dr. Cockayne	—	19	2	5	311	199	63	196	458	21	15	22	11	3
Petersfield	Ramshill	Every Wednesday	*Dr. R. Campbell-Cooke	3	55	8	14	1738	1015	524	743	2282	48	36	47	1	—
Portchester	Parish Room	Alternate Thursdays	Dr. Appleton	—	21	2	6	620	208	179	285	672	23	27	29	3	14
Preston Candover	Village Hall	Second Thursday in month	Dr. Bond	—	11	—	3	206	69	59	113	241	11	19	22	9	—
Purbrook	Deverell Hall	First and Third Thursdays in month	*Dr. W. L. Cowardin	1	27	6	6	439	214	146	175	535	22	20	24	9	10
Ringwood (3)	Old Hall	Third Wednesday in month	Dr. Cockayne	—	43	15	24	417	213	109	230	552	11	38	50	8	—
Romsey (4)	Odd Fellows' Hall	Every Thursday	Dr. Tate	—	56	4	25	1810	942	403	1010	2355	45	40	52	—	—
Rowlands Castle	Parish Hall	Second Friday in month	Dr. Stanley	—	11	1	—	125	57	28	48	133	12	10	11	2	8

(3) Transferred to Conway Hall in March.

(4) Transferred to Abbey Hall in March.

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	MEDICAL OFFICER	Number of New Cases				Total Attendances				All Children	Total Number of Sessions	Average Attendance per Session		Lectures given by	
				Expectant Mothers	Under one year	One to two years	2-5 years	Expectant and other Mothers	Under one year	One to two years	2-5 years			Mothers	Children	Medical Officer	Health Visitor
Selborne	...	Second Wednesday	Dr. Bond	—	10	6	6	170	66	80	75	221	11	15	20	6	4
St. Marybourne	Parish Room	Second Thursday in month	Dr. Simpson	—	21	2	3	278	104	141	137	382	10	28	38	4	2
Shedfield	Chase Hut	Second and Fourth Tuesdays in month	Dr. Shed	6	17	6	11	377	97	164	240	501	22	17	23	10	4
Southwick	Play Hut	Third Friday in month	*Dr. J. C. M. Kinneer	2	9	—	—	139	74	27	67	168	10	14	17	7	1
Stockbridge	Town Hall	Third Tuesday in month	Dr. Simpson	—	9	1	3	239	112	91	136	339	11	22	31	8	1
Stubbington	Reading Room	Second and Fourth Tuesdays in month	Dr. Appleton	—	31	2	7	289	149	95	83	327	21	14	16	6	3
Sutton Scotney ... (opened 22nd Jan. 1932)	Jubilee Hall	Third Friday in month (2 p.m.)	Dr. Cockayne	2	24	11	30	161	99	40	92	231	11	15	21	—	3
Sway ...	Women's Institute Hall	First Thursday in month	Dr. Cockayne	—	14	4	5	185	98	69	102	269	11	17	24	8	—
Tadley ...	Church Room	First Wednesday in month	Dr. Kelf	—	24	1	9	256	122	84	133	339	11	23	31	9	—
Thorney Hill	Women's Institute	First Wednesday in month	Dr. Cockayne	—	5	—	4	59	21	11	54	86	11	5	8	5	2
Titchfield (5)	Club Room, Queens Road	Alternate Tuesdays	Dr. Appleton	—	22	14	30	164	84	44	86	214	7	23	31	1	4
Totton (6)	Congregational School Room	Every Friday	Dr. Druitt	1	69	19	29	1679	969	674	501	2144	50	34	43	4	1
Upper Clatford	The School	First Tuesday in month	Dr. Simpson	—	12	—	2	215	131	48	44	223	11	19	20	10	—

Upton Grey	...	Village Hall	Third Tuesday in month	Dr. Bond	1	10	4	6	114	34	39	79	152	11	10	14	8	1
Vernham Dean	...	Mission Hall	Third Tuesday in month	*Dr. M. Savory	—	2	—	—	133	25	20	115	160	12	11	13	7	3
Waterlooville	...	St. George's Hall	Second and Fourth Fridays in month	Dr. Stanley	5	33	3	10	687	225	160	346	731	20	34	37	2	12
West End	...	Parish Room	Alternate Wednesdays	Dr. Druitt	—	17	1	10	683	159	167	460	786	23	30	34	10	3
Weyhill	...	Reading Room	Second Tuesday in month	Dr. Simpson	2	11	2	9	212	63	56	105	224	11	19	20	9	—
Whitchurch	...	Church Hall	Second Friday in month	Dr. Kelf	—	25	—	3	262	133	72	71	276	11	24	25	9	—
Whitehill	...	Village Hall	First and Third Thursdays in month	Dr. Kelf	—	23	10	6	590	303	204	286	793	22	27	36	7	1
Woolton Hill	...	Church Hall	Third Wednesday in month	Dr. Kelf	13	13	2	1	388	122	102	217	441	11	35	40	8	—
Yateley	...	Parish Hall	Second Tuesday in month	Dr. Avent	—	14	5	1	220	91	88	133	312	11	20	28	11	—
TOTAL				...	115	2752	481	816	55404	27286	16020	25060	68366	2074	27	33	632	347

* General Practitioner.

(5) Transferred to Parish Hall in August.

(6) Transferred to C.C. Health Centre in September.

Treatment of Defects in Children under the age of 5 years.

Similar arrangements are made to treat defects occurring in children under the age of 5 years as for those in school children.

Treatment of Tonsils and Adenoids.

During the year 19 (28) children under the age of 5 years were operated upon at a cost of £22 17s. 0d. (£27 9s. 0d); the figures in brackets refer to 1931.

Treatment of Defective Vision.

These cases are mostly cases of squint as the prevention of blindness arising from this makes the requisite treatment urgent. In 1932, 99 cases were inspected by the Council's Ophthalmic Surgeon and in 38 of these spectacles were provided compared with 37 cases inspected and 16 spectacles provided in 1931.

Dental Inspection and Treatment.

The following table shows the work done in this direction in 1932:—

	Number inspected	Number found to require treatment	Number treated	Number re-treated	Attendances made	Number of fillings	Number of extractions	Number of administrations of general anæsthetics	Number of other operations
1932	2313	634	442	49	538	625	571	72	58
1931	2530	757	531	109	689	845	857	126	13

This work combined with the verbal educational activities of the Dental Surgeons and Medical Officers should in time cause some improvement in the condition of the child's teeth on entrance to school. The Dental Surgeons report that the interest of the mothers is becoming aroused and that there are very few objections to any necessary fillings on either parent's or child's side.

It is unfortunately impossible to deal with children who do not attend Child Welfare Centres and it is feared that among these worse conditions are probably present than among those who do attend.

Dental Treatment for Nursing Mothers.

This work, the extent of which is shown in the table below, is carried out with a view to aiding natural feeding.

	Number inspected	Number found to require treatment	Number treated	Number re-treated	Attendances made	Number of fillings	Number of extractions	Number of administrations of general anæsthetics	Number of other operations
1932	463	443	426	126	1096	76	1815	318	285
1931	457	444	394	184	989	73	2560	412	212

All such cases are recommended for dental treatment by the Medical Officer attending the Child Welfare Centre for medical reasons; there is no inspection of mothers attending other than such cases.

Infant Life Protection.

During the year ended 31st December, 1932, 220 notices of reception were received from foster mothers and on that date there were known to be 193 foster mothers and 269 foster children in the County, the cases being distributed as follows:—

149	foster	mothers	each	had	one	child	...	=	149	children
31	"	"	"	"	two	children	...	=	62	"
5	"	"	"	"	three	"	...	=	15	"
3	"	"	"	"	four	"	...	=	12	"
2	"	"	"	"	five	"	...	=	10	"
2	"	"	"	"	six	"	...	=	12	"
1	foster	mother	had	nine	children		...	=	9	"
<hr/>									<hr/>	
193									269	
<hr/>									<hr/>	

During the same period the deaths of two foster children were notified and in each case death was due to natural causes.

In a few cases applications are received for foster children and these are promptly investigated so that, if suitable, approval may be given. At the present time twenty-nine such cases are known to this Department and seventeen of these are already foster parents or have previously had a child in their care.

Proceedings.

In two cases proceedings were taken. The first was against a foster mother who had failed in three instances to notify the reception of a child. A conviction was recorded in each case and fines with costs totalling £54 were imposed. In the other case, for failing to notify the reception of a child, the foster mother was fined £5 with the alternative of a month's imprisonment.

In both these cases there was very great difficulty in ascertaining the facts and considerable assistance was given by the Inspectors of the N.S.P.C.C.

Orthopaedic Treatment.

This is particularly important, an early case being so much more likely to obtain cure than one neglected. The following tables show the work done at Clinics and in Hospital during the year.

Return showing work done in County Council and British Red Cross Clinics and Hospitals in respect of Children under School Age.

CLINICS. HOSPITALS.

DEFECT	Total No. attending Dec. 31st, 1931	Awaiting Hospital Treatment	Under Clinic Supervision only	New cases admitted to Register during 1932	Recommended Hospital Treatment	Recommended Clinic Supervision only	No Treatment required	DISCHARGED				Total No. on Books Dec. 31st, 1932	No. in Hospital Dec. 31st, 1931	New Cases Admitted 1932	DISCHARGED				No. in Hospital Dec. 31st, 1932
								Cured	Improved	Needing no Treatment	Over 5 or refusing Treatment	Left County or Died or to School age			Cured	To attend no Treatment Clinic	Stationary	To School age, or Died	
INFANTILE PARALYSIS ...	5	—	5	3	—	3	—	—	—	—	2	—	6	—	—	—	—	—	—
SPASTIC PARALYSIS ...	9	1	8	3	—	3	—	—	1	—	—	1	10	1	—	1	—	—	—
BIRTH PALSY ...	2	—	2	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—
DEFORMITIES :—																			
CONGENITAL																			
Talipes equino varus	15	2	13	12	2	10	—	—	—	—	1	—	26	1	—	1	—	—	3
Torticollis ...	1	—	1	1	1	1	—	—	—	—	—	—	2	1	—	1	—	—	—
Dislocation of hip ...	3	—	3	2	2	—	—	—	1	—	—	—	4	2	—	2	—	—	2
Spine ...	2	—	2	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—
Other defects ...	17	2	15	13	1	11	1	2	6	1	—	2	21	—	—	1	—	—	3
TRAUMATIC																			
Fracture ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dislocation ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other defects ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
OTHER																			
Kyphosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scoliosis ...	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pes planus ...	11	—	11	14	—	14	—	1	2	—	1	1	20	—	—	—	—	—	—
Other foot deformities ...	6	—	6	7	—	6	1	3	—	1	1	—	8	—	—	—	—	—	—
Other defects ...	3	—	3	3	—	3	—	—	3	—	—	—	3	—	—	—	—	—	—
RICKETS																			
Genu valgum ...	16	—	16	24	1	22	1	2	5	1	1	4	27	1	—	1	—	—	—
Genu varum ...	9	—	9	22	4	17	1	1	1	1	—	—	27	2	—	7	—	—	—
Other defects (including combination of more than one defect)	15	—	15	15	1	12	2	3	2	2	1	1	21	—	—	2	—	—	—
INFLAMMATIONS :—																			
Arthritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ankylosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Osteomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
OTHER DEFECTS	5	—	5	8	—	4	4	1	4	4	1	1	2	—	—	—	—	—	—
TOTALS	119	5	114	128	13	105	10	11	27	10	9	10	180	10	14	16	—	—	8

Prevalence of and Control over Infectious Diseases

Notifications.

The tables on pages 63 and 64 give the number of cases of infectious diseases notified in each urban and rural district in the Administrative County during 1932 under the various Acts and Orders.

The returns for 1931-1932 are here summarised and compared:—

	1931	1932
Smallpox	0	0
Scarlet Fever	704	612
Diphtheria	351	202
Enteric Fever	15	28
Pneumonia	305	412
Puerperal Pyrexia	63	72
Puerperal Fever	19	23
Cerebro-Spinal Fever	13	11
Acute Poliomyelitis	0	6
Acute Polio-encephalitis	1	1
Encephalitis Lethargica	9	4
Dysentery	6	6
Ophthalmia Neonatorum	36	60
Erysipelas	120	115
Pulmonary Tuberculosis	373	314
Other Tuberculosis	140	144
Malaria	4	0

Smallpox.

This County remains luckily very free from smallpox in spite of the relatively unvaccinated state of the population.

Vaccination.

Two annual returns have to be submitted to the Registrar-General as follows:—

- (a) In respect of successful primary vaccinations and re-vaccinations carried out by the Medical Officers of Public Assistance Institutions and Public Vaccinators during the year ended 30th September last.
- (b) In respect of the vaccinations of children whose births were registered during the calendar year next but one preceding.

A summary of these returns is given in the accompanying tables. It will be noticed from table (b) that while 3,877 were successfully vaccinated, no less than 2,773 submitted declarations of conscientious objection to vaccination. At the same time, 198 were unaccounted for, having removed to places unknown, etc.

The return of vaccinations done in this County as elsewhere shows that this method of prevention of smallpox is being by no means universally used at the present time. There is reason to believe that other methods than those used at present might be more efficacious. On this matter a report has been submitted to the Public Health Committee and presented to the County Council.

(a) Return showing the number of persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Public Assistance Institutions and the Public Vaccinators during the year ended the 30th September, 1932.

Name of the Vaccination District or Public Assistance Institution	Name of Medical Officer or Public Vaccinator	Number of successful Primary Vaccinations of persons			Number of successful Re-vaccinations, i.e., successful vaccinations of persons who had been successfully vaccinated at some previous time
		Under one year of age	One year and upwards	TOTAL	
VACCINATION DISTRICTS.					
Aldershot Area.					
Aldershot ...	J. H. Gibson	251	11	262	3
Hartley Wintney ...	W. A. C. Cox	24	1	25	6
Heckfield ...	W. A. C. Cox	5	—	5	—
Odiham ...	E. A. Widdowson	27	5	32	2
Crondall ...	G. W. R. Rudkin	13	—	13	—
Eversley ...	D. A. Laird	17	0	17	1
Farnborough ...	J. M. Forsyth	87	15	102	5
Fleet ...	F. H. S. Greenish	46	2	48	2
Alton Area					
Alresford "A" ...	C. E. Meryon	6	—	6	—
„ "B" ...	C. E. Meryon	9	1	10	1
„ "C" ...	F. W. Jollye	20	—	20	1
„ "D" ...	F. W. Jollye	5	1	6	—
Alton No. 1 ...	H. Yates	27	1	28	1
„ No. 2 ...	H. Currer-Williams	83	5	88	2
„ No. 3 ...	E. Shirley Jones	34	—	34	—
„ No. 4 ...	S. F. Crowther-Smith	33	—	33	1
Basingstoke Area.					
Basingstoke No. 1 ...	H. Keith Williams	20	5	25	2
„ No. 2 ...	W. Kelly	11	1	12	—
„ No. 3 ...	A. G. H. Moore	17	2	19	—
„ No. 4 ...	J. Anderson-Hill	6	—	6	—
„ No. 5 ...	N. Daly	—	—	—	—
„ No. 6 ...	E. A. Widdowson	10	—	10	—
„ No. 7 ...	H. Keith Williams	—	—	—	—
„ No. 8 ...	N. Daly	13	1	14	—
„ No. 9 ...	W. Kelly	1	—	1	—
Christchurch Area.					
Christchurch No. 1	E. F. Hunt	41	1	42	4
„ No. 2	G. M. Brooks	55	2	57	13
Fordingbridge No. 1	E. P. Vickery	17	1	18	—
„ No. 2	J. F. Hamber	9	—	9	—
Ringwood ...	R. H. Little	33	1	34	—
Gosport Area.					
Alverstoke ...	J. C. Glen	302	9	311	5
Titchfield ...	D. A. Windemer	78	2	80	2
Fareham ...	H. D. Brook	82	5	87	9
Southwick ...	J. C. M. Kinnear	14	—	14	1
Wickham ...	J. C. M. Kinnear	12	—	12	—
Havant No. 1 ...	D. G. Cooper	26	—	26	2
„ No. 2 ...	B. N. Norman	43	3	46	6
„ No. 3 ...	L. S. H. Glanville	37	1	38	1
„ No. 4 ...	A. J. May	13	1	14	—
Kingsclere Area.					
Kingsclere ...	J. E. Pellow	14	—	14	2
Highclere ...	D. L. Thomson	23	1	24	1
Baughurst ...	N. Daly	8	1	9	—
Whitchurch No. 1 ...	W. F. V. Simpson	12	—	12	—
„ No. 2 ...	W. F. V. Simpson	17	—	17	2
„ No. 3 ...	E. B. H. Stanley	8	—	8	—
Lymington Area.					
Lymington No. 1	H. L. Hodgkinson	45	2	47	3
„ No. 2 ...	F. H. Maturin	16	1	17	2
„ No. 3 ...	J. P. Grieves	19	1	20	—
Lymington No. 4 ...	E. C. Huddy	37	2	39	1
„ No. 5 ...	M. E. Leicester	5	—	5	—
New Forest No. 1 ...	G. Habgood	104	2	106	6
„ No. 2 ...	C. C. Dottridge	21	—	21	—
„ No. 3 ...	T. C. A. Cleverton	26	1	27	—
„ No. 4 ...	E. L. M. Jones Evans	30	1	31	—
„ No. 5 ...	R. M. de Mowbray	1	—	1	—
Petersfield Area.					
Catherington ...	J. R. G. Way	44	3	47	3
Droxford ...	E. C. Pern	33	—	33	—
Soberton ...	E. C. Pern	7	1	8	—
Hambleton ...	C. H. Rock	23	—	23	—
Bishops Waltham ...	C. P. Henuning	27	2	29	—
Carried forward ...		2047	95	2142	90

Name of the Vaccination District or Public Assistance Institution	Name of Medical Officer or Public Vaccinator	Number of successful Primary Vaccinations of persons			Number of successful Re-vaccinations, <i>i.e.</i> , successful vaccinations of persons who had been successfully vaccinated at some previous time
		Under one year of age	One year and upwards	TOTAL	
Petersfield Area					
(contd.)		2047	95	2142	90
Upham	C. P. Henning	6	2	8	—
West Meon	P. M. Neighbour	24	—	24	—
Petersfield No. 1 ...	J. E. Harford	20	—	20	—
„ No. 2	W. P. Panckridge	49	3	52	6
„ No. 3	H. B. Corry	36	—	36	3
„ No. 4	J. Lynn Allen	21	—	21	1
Stockbridge Area.					
Andover No. 1	E. A. Farr	39	3	42	8
„ No. 2	L. Farr	10	—	10	—
„ No. 3	C. Farrant	2	—	2	1
„ No. 4	J. A. Balck Foote	61	—	61	—
„ No. 5	M. B. Savory	6	—	6	—
Romsey No. 1	G. H. Johnson	38	4	42	5
„ No. 2	E. S. Rose	7	—	7	—
„ No. 3	E. S. Rose	—	—	—	—
Romsey No. 4	G. H. Johnson	13	—	13	—
„ No. 5	E. S. Rose	4	—	4	—
Stockbridge No. 1 ...	M. L. Loveless	22	1	23	3
No. 2	G. C. Hobbs	10	—	10	—
Winchester Area.					
Eastleigh No. 1	P. P. Butler	35	2	37	—
„ No. 2	A. S. Pern	50	1	51	3
„ No. 3	R. R. Garrett	80	33	113	1
„ No. 4	G. H. Johnson	21	—	21	—
Hursley	O. G. Misquith	32	8	40	—
King's Worthy	C. J. Penny	26	—	26	—
Winchester	A. E. Bodington	76	—	76	4
Micheldever	C. Farrant	18	—	18	1
Twyford	G. Marsden Roberts	43	2	45	—
TOTAL	Vaccination Districts	2796	154	2950	126
WORKHOUSE SCHOOLS.					
Fern Lea, Alton	H. Yates	—	—	—	—
Old Basing, Basingstoke	A. G. H. Moore	—	—	—	—
Church Hill, Crondall	H. F. Ealand	—	—	—	—
Wimble Hill, Crondall	H. F. Ealand	—	—	—	—
King's Worthy, Winchester	C. J. Penny	—	1	1	—
TOTAL	Workhouse Schools	—	1	1	—
PUBLIC ASSISTANCE INSTITUTIONS.					
Alresford	C. E. Meryon	2	—	2	—
Alton	H. Yates	34	—	34	—
Alverstoke	P. M. Terry	2	—	2	—
Andover	E. A. Farr	—	—	—	—
Basingstoke	A. G. H. Moore	1	—	1	—
Droxford	E. C. Pern	2	—	2	—
Fareham	H. D. Brook	—	—	—	—
Fordingbridge	E. P. Vickery	1	—	1	—
Hartley Wintney	W. A. C. Cox	19	2	21	—
Havant	B. N. Norman	—	—	—	—
Kingsclere	J. E. Pellow	—	—	—	—
Lymington	R. M. de Mowbray	—	—	—	—
New Forest	G. Habgood	2	—	2	—
Petersfield	W. P. Panckridge	1	—	1	—
Ringwood	R. H. Little	—	—	—	—
Romsey	G. H. Johnson	—	—	—	—
Stockbridge	M. L. Loveless	—	—	—	—
Whitchurch	F. A. Coates	—	—	—	—
Winchester	J. Franks	4	—	4	—
TOTAL ... Public Assistance Institutions ...		68	2	70	—
TOTAL... ..	Workhouse Schools ...	—	1	1	—
TOTAL... ..	Vaccination Districts	2796	154	2950	126
GRAND TOTAL		2864	157	3021	126

Registration Sub-Districts comprised in the Vaccination Officer's District	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1931	Number of these Births duly entered by 31st January, 1933, in Columns I., II., IV., and V. of the "Vaccination Register" (Birth List Sheets), viz.:				Number of these Births which on 31st January, 1933, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of				Number of these Births remaining on 31st January, 1933, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily ac- counted for in the "Report Book" (columns 8, 9 and 10 of this Return).	Total number of Certificates and Copies of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1932	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year 1932
		Col. I. Successfully Vaccinated	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscien- tious Objec- tion have been received	Col. V. Died un- vaccinated	Postpone- ment by Medical Certificate	Removal to Districts the Vaccination Officers of which have been duly appraised	Removal to places unknown, or which cannot be reached; and Cases not having been found			
			Insus- ceptible of Vaccin- ation	Had Small Pox								
1	2	3	4	5	6	7	8	9	10	11	12	13
Aldershot	899	625	10	—	144	38	8	51	21	2	647	167
Alresford	40	18	—	—	18	2	—	—	2	—	50	31
Micheldever	71	44	—	—	24	1	—	—	2	—	21	14
Ropley	54	26	—	—	26	1	—	1	—	—	234	61
Alton	351	246	—	—	62	6	3	12	22	—	464	229
Alverstoke	668	410	4	—	215	17	1	7	14	—	64	136
Andover	204	65	1	—	115	7	2	9	—	7	148	40
Amport	225	155	—	—	42	7	—	13	6	—	5	4
Hurstbourne Tarrant	13	4	—	—	8	—	—	—	—	1	19	26
Longparish	53	22	—	—	26	—	—	—	—	5	44	172
Basingstoke	302	64	1	—	221	5	—	4	1	6	13	22
Dummer	53	21	—	—	28	2	—	1	1	—	36	30
Bramley	91	35	—	—	51	3	1	1	—	5	91	74
Christchurch	239	104	—	—	107	14	—	9	3	—	121	68
Droxford	139	82	1	—	42	2	—	1	11	—	278	242
Bishops Waltham	76	35	—	—	26	3	5	6	2	12	194	183
Eastleigh	543	225	2	—	280	11	1	—	4	3	25	24
Fareham	247	141	1	—	87	10	1	—	2	—	14	22
Titchfield	197	96	1	—	86	7	—	1	6	—	37	87
Fordingbridge No. 1	46	20	—	—	25	1	—	—	1	—	110	50
" No. 2	23	8	—	—	12	2	—	—	—	—	187	83
Ringwood	120	30	—	—	81	3	—	2	—	—	135	79
Hartley Wintney	131	81	1	—	36	8	2	2	1	—	82	112
Farnborough	398	227	3	—	92	12	—	—	25	1	56	56
Havant & Waterloo	251	138	—	—	85	9	—	—	7	12	52	50
Kingsclere & Whitchurch	172	65	—	—	95	8	—	2	1	1	215	121
Milford	129	65	2	—	44	3	2	—	9	4	217	107
Lymington	203	74	1	—	90	4	—	11	11	12	69	122
Lyndhurst	296	160	1	—	91	11	2	5	5	21	39	35
Fawley	138	75	—	—	46	4	1	2	1	9	49	21
Petersfield	309	198	—	—	100	2	1	3	5	—	134	174
Romsey	187	56	1	—	114	3	—	—	6	7	3850	2642
Broughton	35	11	—	—	20	2	—	—	2	—		
Stockbridge	36	19	—	—	15	—	2	—	—	—		
Twyford	75	41	—	—	28	2	—	1	3	—		
Winchester	451	191	3	—	191	18	5	20	13	10		
TOTAL	7465	3877	33	—	2773	228	36	164	198	156	3850	2642

DISTRICT	*POPULATION		Small Pox	Scarlet Fever	Diphtheria (including Membranous Group)	Enteric Fever	Pneumonia	Cholera	Plague	Septicæmia	Typhoid Fever	Acute Poliomyelitis	Acute Rheumatism	Typhus	Dysentery	Ophthalmia Neonatorum	Malaria	Total Cases
	Estimated Mid. 1932	For calculating Birth & Death Rates																
ALTON ...	20550	20370	—	22	29	2	3	—	—	4	1	—	—	—	—	4	8	87
ANDOVER ...	14090	14190	—	5	10	—	10	—	—	2	1	1	—	—	—	4	1	44
BASINGSTOKE ...	14240	14450	—	31	1	—	22	—	—	2	—	—	—	—	—	3	3	73
DROXFORD ...	17890	16810	—	15	10	1	18	—	—	4	—	—	—	1	3	1	9	74
Fareham ...	—	4050	—	14	4	—	21	—	—	1	1	—	—	—	—	—	1	49
HARTLEY WINTNEY	16230	17640	—	6	8	—	14	—	—	5	—	—	—	—	1	2	2	52
Havant ...	—	2975	—	14	4	—	—	—	—	—	—	—	—	—	—	—	—	23
KINGSLERE AND WHITCHURCH	15090	11310	—	5	3	—	2	—	—	—	1	—	—	—	—	1	1	22
Kingsclere ...	—	2160	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	4
Whitchurch ...	—	1630	—	—	—	—	6	—	—	1	—	—	—	—	—	1	2	12
NEW FOREST ...	31680	29910	—	17	7	—	14	—	—	8	—	—	—	—	—	5	6	86
Lymington ...	—	3030	—	4	1	—	3	—	—	—	—	—	—	—	—	—	—	12
PETERSFIELD ...	14930	14110	—	51	5	2	9	—	—	4	1	1	—	—	—	3	3	96
Catherington ...	—	1760	—	8	2	—	—	—	—	—	—	—	—	—	—	—	—	10
RINGWOOD AND FORDINGBRIDGE	18260	13700	—	17	5	1	6	—	—	—	2	—	—	—	—	3	4	49
Christchurch ...	—	1380	—	3	—	—	2	—	—	1	—	—	—	—	—	—	1	8
Fordingbridge ...	—	1635	—	1	1	—	3	—	—	—	—	—	—	—	—	—	—	8
Ringwood ...	—	2130	—	4	—	—	—	—	—	1	—	—	—	—	—	—	1	10
ROMSEY AND STOCKBRIDGE	17590	13200	—	14	1	2	4	—	—	4	1	1	—	—	—	2	8	46
Hursley ...	—	1620	—	2	—	—	3	—	—	—	—	—	—	—	—	—	—	7
Romsey ...	—	1990	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	3
Stockbridge ...	—	1600	—	—	3	—	1	—	—	—	—	—	—	—	—	1	—	8
WINCHESTER ...	31250	26850	—	13	7	—	11	—	—	3	1	—	—	—	—	4	3	69
Alresford ...	—	1800	—	2	—	—	3	—	—	—	—	—	—	—	—	—	—	7
South Stoneham	—	3940	—	3	—	—	—	—	—	1	—	—	—	—	—	1	—	8
TOTAL ...	211800	224240	—	252	101	8	158	—	—	41	9	3	—	2	4	36	54	867

*The first column under this heading gives the population of the newly constituted districts as estimated at the middle of 1932. The second column shows against each district (old and new) a figure

NOTIFICATIONS OF INFECTIOUS DISEASE 1932.

Urban Districts.

DISTRICT	*POPULATION		CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1932																	Total Cases			
	Estimated Mid. 1932	For calculating Birth & Death Rates	Small Pox	Scarlet Fever	Diphtheria (including Membranous Group)	Enteric Fever	Pneumonia	Cholera	Lagune	Interpal Pyrexia	Interpal Fever	Cerebro-Spinal Fever	Acute Poliomyelitis	Acute Polioencephalitis	Encephalitis Lethargica	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis		Other Tuberculosis	Malaria	
ALDERSHOT ...	33890	33890	—	21	1	2	3	—	—	3	2	5	—	—	—	—	—	4	4	24	17	—	86
ALTON ...	7114	6854	—	31	3	—	2	—	—	2	—	—	—	—	—	—	—	1	3	3	10	—	55
ANDOVER ...	10270	10170	—	10	11	—	27	—	—	2	1	1	—	—	—	—	—	2	—	5	—	—	59
BASINGSTOKE ...	14320	14230	—	36	3	—	6	—	—	1	—	—	—	—	—	—	—	—	4	12	2	—	64
CHRISTCHURCH ...	11830	11250	—	3	7	—	2	—	—	2	—	—	—	—	—	—	—	—	3	10	5	—	32
EASTLEIGH ...	24300	22710	—	24	2	1	27	—	—	2	—	1	1	—	—	—	—	1	6	20	7	—	92
FAREHAM ...	22460	19810	—	34	10	—	16	—	—	—	4	1	1	1	—	—	—	3	11	6	6	—	93
FARNBOROUGH ...	19990	19210	—	37	4	—	—	—	—	2	—	2	—	—	—	—	—	2	2	11	1	—	61
FLEET ...	7579	6769	—	3	1	1	10	—	—	—	—	—	—	—	—	—	—	1	1	5	4	—	26
GOSPORT ...	38750	38720	—	64	9	3	96	—	—	1	1	1	—	—	—	—	—	3	16	30	13	—	237
HAVANT&WATERLOO	21910	16430	—	14	24	7	6	—	—	1	1	—	1	—	—	—	2	1	4	7	6	—	74
Havant ...	—	1150	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	11
Warblington ...	—	1140	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
LYMINGTON ...	15650	13040	—	12	12	—	2	—	—	—	2	—	—	—	1	—	—	1	—	12	2	—	44
Milton ...	—	1350	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
PETERSFIELD ...	5634	5364	—	4	2	1	7	—	—	2	—	—	—	—	—	—	—	1	3	6	5	—	31
ROMSEY ...	5863	5633	—	5	—	—	8	—	—	3	—	—	—	—	—	—	—	1	—	3	—	—	20
WINCHESTER ...	24840	24700	—	52	12	5	42	—	—	9	3	—	—	—	1	—	—	2	4	19	7	—	156
TOTAL Urban	264100	252420	—	360	101	20	254	—	—	31	14	11	3	1	2	2	2	24	61	174	85	—	1143
TOTAL Rural	211800	224240	—	252	101	8	158	—	—	41	9	—	3	—	2	4	4	36	54	140	59	—	867
ADMIN. COUNTY ...	475900	476660	—	612	202	28	412	—	—	72	23	11	6	1	4	6	60	115	314	144	—	—	2010

*The first column under this heading gives the population of the newly constituted districts as estimated at the middle of 1932. The second column shows against each district (old and new) a figure specially prepared for the purpose of calculating birth and death rates. See Note on Page 1.

Scarlet Fever.

The numbers notified have been continually declining since 1928 when 900 cases were notified. The figure of 610 was the lowest since 1924 when 570 cases were notified; there will no doubt shortly be an increase once more. The disease was generally mild in type. There was a small epidemic in the town of Alton of 27 cases which number included rather an unusually high proportion of adults and unfortunately resulted in the death of one woman who was confined about that time. The Medical Officer of Health went very carefully into all the circumstances and has kindly supplied me with notes on the outbreak, from which it appears that the cases were distributed evenly over the town except those in one congested area of small houses where the incidence was decidedly greater. The outbreak was not confined to one school and had no connection with milk supply. He draws attention to the connection between the occurrence of skin sepsis, scarlet fever and puerperal septicæmia.

Diphtheria.

The past year was a favourable one, the numbers notified and the death rate from this disease being low. Early this year (1933) an outbreak occurred chiefly among school children in part of the Havant and Waterlooville Urban District and immunisation was resorted to as in several previous small outbreaks. All the Medical Officers of Health of Local Sanitary Authorities have been written to commending the Memo. of the Ministry of Health on preventive immunisation and the matter is receiving their attention.

Enteric Fever.

Enquiries have been made as to the possible sources of infection in these cases. Of the 28 cases notified, 7 came from the Havant and Waterlooville Urban District, six of them being notified between 4th June and 23rd July. There seems reason to suppose that two of these acquired the infection outside the area, one was infected from a relative and another from the first case notified. The origin of the other cases could not be traced. The origin of none of the cases occurring in other districts could be traced, although in five cases it was suspected that the disease was contracted out of the County.

Pneumonia.

Many more cases of pneumonia were notified this year than in any year for some time; no doubt the occurrence of influenza has had some influence.

Puerperal Pyrexia and Puerperal Fever.

These are discussed elsewhere in the report. (See page 41).

Acute Poliomyelitis and Polio-encephalitis.

Only seven cases were notified. One case was treated by the local practitioner in an early stage with serum from an old recovered case and made a rapid and complete recovery without any sequelae. The obtaining and holding of a supply of such convalescent serum was discussed with the Medical Superintendent of Lord Mayor Treloar's Hospital, but it was decided to take no action. All notified cases are closely followed up so that remedial treatment of residual paralysis can be undertaken at the earliest possible moment.

Cerebro-Spinal Fever.

These were all isolated cases.

Dysentery.

Three of these cases occurred in the Knowle Mental Hospital; the Medical Superintendent was unable to determine the organism, but one further case has occurred early this year (1933), due to B. Flexner.

Ophthalmia Neonatorum and Tuberculosis.

These diseases are dealt with elsewhere. (See pages 45 and 67).

Deaths from Principal Infectious Diseases per 1,000 population.**ENGLAND AND WALES.**

Year.		Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Measles.	Whooping Cough.
Average.							
1919-1929	...	.0005	.026	.095	.012	.116	.116
1930	...	.001	.019	.08	.08	.105	.051
1931	...	—	.01	.07	.01	.08	.06
1932	...	—	.01	.06	.01	.08	.07

HAMPSHIRE.

Year.							
Average.							
1919-1929	...	—	.01	.07	.03	.05	.08
1930	...	—	.03	.05	.002	.13	.05
1931	...	—	.02	.04	.005	.02	.05
1932	...	—	.002	.03	.01	.05	.04

Deaths from Seven Principal Zymotic Diseases since 1919.

Year.		URBAN DISTRICTS.		RURAL DISTRICTS.		ADMINISTRATIVE COUNTY.	
Average.		Deaths.	Death Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.
1919-1929	...	68	.38	58	.25	126	.29
1930	...	83	.43	49	.21	132	.31
1931	...	49	.25	44	.17	93	.21
1932	...	46	.18	43	.19	89	.19

Hospital Isolation.**Smallpox.**

The accommodation remains as reported previously. The provision of more adequate accommodation is still under consideration.

Other Infectious Diseases.

The situation is as reported in 1930. The alterations in the Local Sanitary areas took effect on the 1st April, 1932. Until however, the new Councils had settled the appointments of their Medical Officers of Health, no useful discussion could be held with them. A draft scheme under Section 63 of the Local Government Act, 1929, was later circulated and several meetings have been held with representatives of the Local Sanitary Authority concerned. It is hoped that before the end of the current year 1933, a scheme will be adopted.

Tuberculosis

It is satisfactory to record that the Death Rate in Hampshire for Tuberculosis is the lowest that has been known. The rates for 1932 are Pulmonary Tuberculosis 0.49 and Non-Pulmonary Tuberculosis 0.12, the sum giving 0.61 for all forms of Tuberculosis. The figures show a considerable fall on last year; but it must be explained that this is partly due to the inclusion of the Military Population this year in the County figure which has lowered the rate.

Even if the Army population were excluded the Rates would still be the lowest yet recorded namely Pulmonary Tuberculosis 0.52, Non-Pulmonary Tuberculosis 0.13 and all forms 0.65. The corresponding figures for England and Wales for 1932 are Pulmonary Tuberculosis 0.687, Non-Pulmonary Tuberculosis 0.150 and all forms 0.837.

Below are the tuberculosis death rates of this County for the past 13 years, showing also the difference between the Urban and Rural Districts. The Rural rate is usually the lower, but as the number of deaths is not statistically large, the relation is occasionally reversed as in 1927.

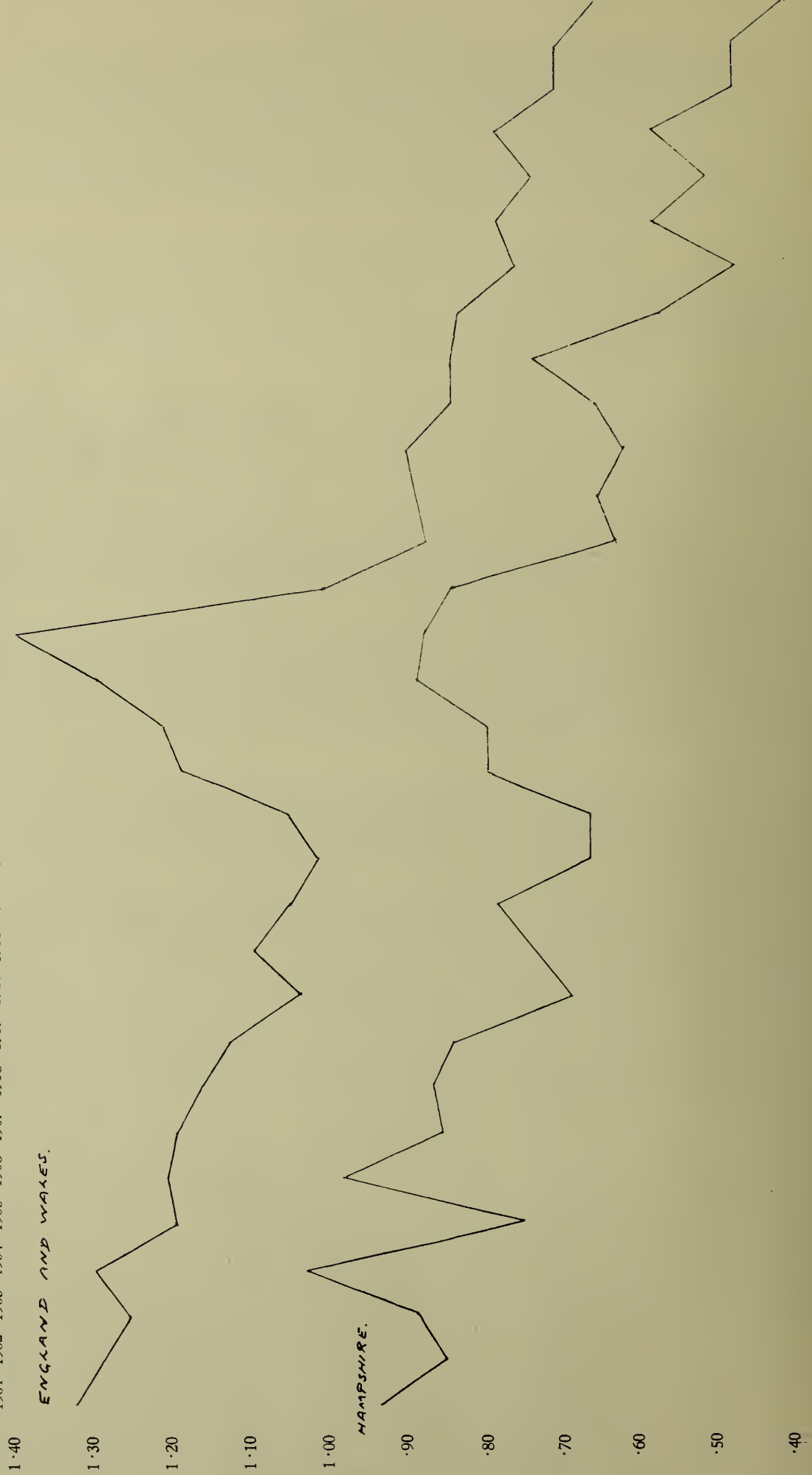
The graph on the next page shews that the fall in tuberculosis mortality during the 19th Century has continued during the 20th Century except for the sharp temporary rise during the years 1914-1918 due to the stress thrown on the population by the Great War.

Even now one death out of fourteen in the whole country is due to tuberculosis, and the disease, as a certifiable cause of death was surpassed in this County in 1932 only by heart disease, cancer and pneumonia. Heart disease has many different causes, and cancer is not to our knowledge an infection.

Deaths from Tuberculosis (all forms) since 1920.

Year	Urban Districts		Rural Districts		Administrative County	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
1920	167	0.86	193	0.88	360	0.87
1921	165	0.97	177	0.81	342	0.88
1922	149	0.86	165	0.74	314	0.80
1923	172	0.99	173	0.78	345	0.87
1924	171	0.97	203	0.89	374	0.93
1925	156	0.88	158	0.69	314	0.77
1926	137	0.77	149	0.63	286	0.69
1927	160	0.88	163	0.90	323	0.78
1928	143	0.77	160	0.66	303	0.71
1929	159	0.85	175	0.72	334	0.77
1930	135	0.72	166	0.68	301	0.69
1931	150	0.78	155	0.62	305	0.69
1932	168	0.67	124	0.55	292	0.61

Crude Annual Death Rates from Pulmonary Tuberculosis (1901 to 1932) England and Wales, and Hampshire.



Deaths from Pulmonary Tuberculosis since 1920.

Year	Urban Districts		Rural Districts		Administrative County	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
1920	136	0.70	137	0.63	273	0.66
1921	131	0.77	135	0.62	266	0.68
1922	124	0.72	131	0.59	255	0.65
1923	128	0.74	141	0.63	269	0.68
1924	144	0.82	157	0.69	301	0.75
1925	125	0.70	124	0.54	249	0.61
1926	109	0.61	108	0.46	217	0.53
1927	127	0.70	130	0.55	257	0.62
1928	115	0.62	125	0.52	240	0.56
1929	125	0.66	143	0.58	268	0.62
1930	113	0.60	125	0.51	238	0.55
1931	121	0.63	121	0.49	242	0.55
1932	133	0.53	98	0.44	231	0.49

Notifications.

The procedure for the notification of cases of tuberculosis in accordance with the Public Health (Tuberculosis) Regulations, 1930, has been outlined in earlier reports. The requirements of these Regulations have been well observed by general practitioners throughout the County during the year under review. The arrangements whereby Registrars of Deaths report all deaths from tuberculosis to the County Medical Officer afford a ready means of tracing failures to notify if death occurs in the County.

It was mentioned a year ago that the number of deaths of unnotified cases reported by District Registrars had been reduced from 82 in 1929 to 20 in 1931. The total of such deaths in 1932 was 19. In every case of failure to notify enquiries are made to ascertain the reason, and other members of the household are invited to attend the nearest dispensary for examination as contacts or with a view to tracing any existing source of infection.

In five of these cases tuberculosis was not the primary cause of death, and in six instances the diagnosis was made post-mortem or shortly before death. In reply to enquiries with regard to the remaining cases, the reason given in five instances for failure to notify was that the medical attendant thought this had been done by another doctor. Two of the other three cases were doubtfully tuberculous and one was a non-infectious abdominal case.

Medical practitioners are advised that if there is doubt as to whether any particular case has been notified, the information can be obtained from the District Medical Officer of Health or from the County Medical Officer.

Thus, the standard of notification in the County, bearing in mind the above investigations and the practical object of Notification, is a good one.

New Cases of Tuberculosis notified in the Administrative County in 1932.

Age Periods ...	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total (all ages)
Pulmonary, Males...	—	—	3	4	11	29	44	35	30	17	4	177
„ Females	—	1	3	5	13	25	45	24	14	2	5	137
Non-Pulmonary, Males...	1	13	20	10	8	5	5	5	3	—	2	72
„ Females	1	8	19	11	13	3	8	5	1	1	2	72

From what has been said on the standard of notification, it is likely that these figures are accurate as approaching the true incidence of tuberculosis. It may be noted that the figure of pulmonary cases has fallen to 314; it was 333 in 1931, 330 in 1930 and 333 in 1929. There has been a further increase in non-pulmonary tuberculosis, 144, as against 130 in 1931, 95 in 1930, and 81 in 1929.

There is no evidence that any appreciable proportion of this increase is due to infection from milk which chiefly occurs in young children. Although the increase in notifications of tuberculosis of the abdomen (including abdominal glands) suggests this may be possible, the increase may also be only due to more frequent notification owing to constant and repeated efforts made in that direction by this Department.

Tuberculous Bone and Joint Disease in Children.

Numbers of new cases notified during 1930, 1931 and 1932.

Site.	School Children.				Under School Age.			
	1930.	1931.	1932.	...	1930.	1931.	1932.	...
Spine	2	2	...	1	1	1	...
Shoulder	1	1	...	—	—	—	...
Hand	1	—	...	1	—	—	...
Wrist	1	—	...	—	—	—	...
Hip	8	3	...	1	1	—	...
Hip and Ankle	1	—	...	—	—	—	...
Knee	1	2	...	—	—	—	...
Leg	1	1	...	—	—	—	...
Foot	1	1	...	—	—	—	...
Pelvis	1	—	...	—	—	—	...
Ankle and Elbow	1	—	...	—	—	—	...
Sternum	—	—	...	—	1	1	...
Ankle	3	2	...	—	2	2	...
Totals	15	13	...	3	5	4	...

Hospital Treatment.

Number of children under treatment 31st December, 1931 ...	21 (24)
„ „ „ admitted 1932 ...	20 (20)
„ „ „ discharged 1932 ...	16 (23)
„ „ „ under treatment 31st December, 1932 ...	25 (21)

The figures in brackets are the corresponding returns for 1931.

Family History in relation to Tuberculosis.

Below the new cases of pulmonary tuberculosis having positive sputum are classified according to the presence of previous tuberculosis in the family.

	Men.	Women.
Known Tuberculosis in another member of the family ...	22	23
Probable Tuberculosis in another member of the family ...	2	5
None known ...	54	21
No information obtainable ...	4	4

Of the patients with a family history of tuberculosis it was ascertained that in 5 cases three or more members of the family suffered from the disease.

TUBERCULOSIS

These facts emphasise the importance of the Preventive Aspects of the Tuberculosis Scheme, and the necessity of considering the family as a whole in dealing with Tuberculosis as an infection. The disease has, when once well established, a high mortality, and it may be said that in England two-thirds of definite cases of pulmonary tuberculosis die within five years in spite of treatment. In many individual cases that arise the disease is incurable, and treatment at the best palliative; while members of the family exposed to infection, especially the younger ones, provide the tuberculosis cases for future years.

There seems good ground for devoting a larger proportion of our resources and energies to steps designed to reduce the amount of infection and check its spread. The claim of treatment is the more obvious and makes the most appeal; and the Department received abundant requests for treatment from all sources, patients and their friends, general practitioners and laymen interested, societies and official bodies.

Only those who have made themselves conversant with the wider issues of the problem can fully appreciate that more life can be saved by prevention than by attempted cure in tuberculosis.

Pleurisy.

In investigating the history of cases of tuberculosis it is noted that in a fair proportion there has been pleurisy with effusion a few years prior to the development of obvious disease of the lungs. Such effusions are associated with early tuberculous disease. The patient usually recovers from it and remains in good health for a time. For this reason many cases are treated at home and are not notified as being tuberculous. They remain outside the Tuberculosis Scheme and do not have the prolonged convalescence that Sanatorium Treatment offers. It would seem desirable that the patient should have this more effective treatment at the time the pleurisy shows itself, when the prospect of permanent cure by Sanatorium treatment is considerable. Otherwise when the case is later reported as Pulmonary Tuberculosis, secondary lung trouble has developed, and prospects of cure are smaller. The attention of general practitioners is called to this matter and their co-operation invited.

Sanatorium Treatment.

The County Council has two Sanatoria, The Mount, Bishopstoke, and the County Council Sanatorium, Chandlers Ford. The Mount, which is reserved for pulmonary male cases, has 72 beds in the wards and five beds in shelters in the grounds. These have been ample for the needs of the County, and a number of patients have been taken from outside Authorities in order to keep the beds filled.

The present accommodation at Chandlers Ford is for 36 women (including three shelters) and 23 children. This number of beds for women is insufficient, so that it is occasionally necessary to send a few cases to the Royal National Sanatorium, Bournemouth.

As mentioned previously (page 25) the use of some beds at one of the Institutions under the care of the Public Assistance Committee is under consideration.

Adult cases of bone and joint tuberculosis are sent to the Royal Sea Bathing Hospital, Margate, or to King George's Sanatorium, Liphook (men only) and the children are sent to Lord Mayor Treloar Cripples' Hospital, Alton. The use which has been made during 1932 of Institutions not owned by the County Council is shewn below, figures given being the average number of beds occupied during the year.

Lord Mayor Treloar Cripples' Hospital, Alton:					
Bone and Joint Tuberculosis—Children	...	...	...	...	26
Firs Home, Bournemouth:					
Advance Pulmonary Cases—Women	...	...	...	...	1
Royal National Sanatorium, Bournemouth:					
Pulmonary Tuberculosis—Women...	...	...	...	...	1
King George's Sanatorium, Liphook:					
Bone and Joint Tuberculosis—Men	...	...	...	...	10
Royal Sea-Bathing Hospital, Margate:					
Bone and Joint Tuberculosis—Men and Women	...	...	...	...	7
St. Anthony's Hospital, Cheam:					
Bone and Joint Tuberculosis—Women	...	...	...	...	3
Papworth Hall, Cambridge	...	...	...	...	1

Return showing the extent of Residential Treatment and Observation during the year in Institutions approved for the treatment of Tuberculosis.

		In Institu- tions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year (3)	Died in the Institu- tions. (4)	In Institu- tions on Dec. 31st (5)
Number of doubt- fully tuberculous cases admitted for observation	Adult males	1	7	3	2	3
	Adult females	1	5	6		
	Children	10	27	30		7
	Total	12	39	39	2	10
Number of defi- nitely tuberculous patients admitted for treatment	Adult males	61	122	78	34	71
	Adult females	44	74	58	12	48
	Children	33	48	33	—	48
	Total	138	244	169	46	167
Grand Total		150	283	208	48	177

Dispensary Work, 1922—1932. Total Attendances at all Dispensaries.

YEAR	QUARTER ENDED				TOTAL		GRAND TOTAL
	31st March	30th June	30th Sept.	31st Dec.	Insured	Uninsured	
1922	1599	1664	1608	1521	3121	3271	6392
1923	1647	1499	1548	1511	3237	2968	6205
1924	1721	1719	1661	1655	3128	3628	6756
1925	1699	1393	1399	1395	2530	3356	5886
1926	1716	1504	1561	1497	2537	3741	6278
1927	1593	1674	1711	1318	2700	3596	6296
1928	1637	1341	1149	1197	2141	3183	5324
1929	958	971	906	835	1620	2050	3670
1930	929	890	837	775	1590	1841	3431
1931	936	900	869	851	1510	2046	3556
1932	829	830	745	797	1449	1752	3201
TOTAL	15264	14385	13994	13352	25563	31432	56995

Dispensary Work—Total Attendances at each Dispensary.

	1924		1925		1926		1927		1928		1929		1930		1931		1932	
	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured	Un-Insured
Andover ...	226	231	265	339	276	260	308	227	289	263	296	210	263	183	303	235	284	240
Aldershot ...	539	377	520	302	476	350	459	303	428	313	332	243	394	295	317	323	345	354
Basingstoke	273	436	184	381	162	341	274	364	244	283	169	222	158	160	134	210	153	190
Brockenhurst	117	137	133	209	235	306	249	283	159	224	133	287	114	218	90	164	68	84
Eastleigh ...	130	384	184	616	334	1038	312	979	313	703	163	241	166	272	196	234	195	196
Fording-bridge ...	37	88	20	132	41	200	83	106	79	123	66	61	49	92	47	101	28	37
Gosport ...	757	581	648	694	597	597	450	567	333	635	200	421	242	352	232	433	173	329
Havant ...	—	—	—	—	—	—	—	—	19	12	66	68	60	51	70	77	74	79
Winchester	930	1033	471	358	350	305	512	531	258	440	195	297	144	218	121	269	129	243
Woolston ...	119	361	105	325	66	344	53	236	19	187	—	—	—	—	—	—	—	—
	3128	3628	2530	3356	2537	3741	2700	3596	2141	3183	1620	2050	1590	1841	1510	2046	1449	1752

Statistical Returns.

Several tables of statistics which have been compiled for the Ministry of Health are included in this report, and the following deals with dispensary work in 1932.

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTAL				GRAND TOTAL	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
—NEW CASES examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ...	111	72	3	1	16	12	31	21	127	84	34	22	267	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	18	19	14	15	66	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	44	66	61	31	202	
—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	2	7	—	—	—	—	1	3	2	7	1	3	13	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	2	8	7	12	29	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	44	111	145	123	423	
—Cases written off the Dispensary Register as :—														
(a) Recovered ...	15	12	—	1	6	6	6	—	21	18	6	1	46	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	135	205	247	185	772	
—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	443	270	10	8	49	78	113	70	492	348	123	78	1041	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	37	56	30	39	162	
1. Number of cases on Dispensary Register on January 1st ...			1212		2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...							41		
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"			69		4. Cases written off during the year as Dead (all causes) ...							163		
5. Number of attendances at the Dispensary (including Contacts)			3201		6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...							99		
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...			170 336		8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...							454		
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...			3275		10. Number of :— (a) Specimens of sputum, etc., examined ... (b) X-ray examinations made ... in connexion with Dispensary work							531 32		
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A(b) above ...			7		12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...							467		

Under No. 10 above, the number of sputum examinations shown (531) is not to be compared with the figure of 2,287 last year under this heading. The latter figure was the total number of examinations of sputum from whatever source, and this figure was increased in 1932 to 2,316.

Arrangement of Tuberculosis Work—Dispensaries.

During the year under review the general organisation of the tuberculosis work of the County has remained unchanged. Upon the opening of Health Centres at Christchurch and at Totton, the need for a Dispensary at Brockenhurst ceased, and arrangements were made for patients to attend the most accessible of the new Dispensaries. The dispensary premises at Brockenhurst have since been sold.

The County is now divided into ten dispensary areas with a separate Health Visitor attached to each:

To further the work of Prevention of Infection, Tuberculosis Officers are afforded time in which to visit at their own discretion, the homes of infectious patients in order to investigate home conditions and give advice on precautionary measures.

This work is supplemented by the home visits of Tuberculosis Health Visitors, the number of which during the year was 3,275, an increase of more than 25% on the total for 1931.

Below are addresses of the County Dispensaries with days and times of attendance:—

Aldershot: 59, Victoria Road	Tuesdays and Saturdays at 10.
Andover: Old Cottage Hospital, Junction Road...	Mondays and Thursdays at 10.
Basingstoke: Garth House, Castons Road ...	Wednesdays at 10.
Christchurch: Health Centre, Millham Street ...	Second and fourth Thursdays in each month at 1.30.
Eastleigh: Northbrook Health Centre, Chamberlayne Road	Tuesdays at 10.
Fordingbridge: The Drill Hall	First Wednesday in each month at 11.
Gosport: 4, Clarence Square	Mondays and Thursdays at 10.
Havant: Park Way	First, third and fourth Saturdays in each month at 10.
Totton: 77, Rumbridge Street	Second and fourth Thursdays in each month at 9.30.
Winchester: 8, St. Peter Street	Mondays and Fridays at 10.

The arrangement whereby Sir Henry Gauvain acts as consultant in non-pulmonary cases has been continued during 1932. Patients are seen at Alton, at the Dispensary, or at home. During 1932, the number of patients examined under this arrangement was 102 as compared with 124 in 1931.

Dental Treatment.

Tuberculous patients in need of dental treatment are ordinarily referred to their Approved Society with a view to treatment under the National Health Insurance Scheme. Patients who are not eligible for this benefit and who cannot afford to make private arrangements are dealt with specially, the services of the Dental Officers of the Education Committee being utilised when possible. During the year 1932, 32 tuberculous patients were dealt with in this manner. Three fillings and 142 extractions were required. The administration of a general anæsthetic was required in six instances and four dentures were provided.

Grants of Extra Nourishment to Tuberculous Persons.

The practice of supplying additional nourishment in the form of milk has been continued by the Public Health Committee during the year. An allowance not exceeding $1\frac{1}{2}$ pints daily is granted when recommended on medical grounds by a Tuberculosis Officer, and if the patient is unable to afford it. An income scale approved by the Committee is used to determine necessitous cases. The expenditure during the financial year 1932/33 was £286.

Shelters. -

The Public Health Committee own 63 open air shelters of which the greatest possible use is made. Shelters are a valuable adjunct to the Tuberculosis Scheme as a means of isolating infectious cases where housing accommodation is inadequate.

X-ray Diagnosis.

The arrangements referred to in previous reports for diagnosis by X-rays have been continued throughout the year, radiologists at Bournemouth, Portsmouth, Salisbury and Winchester making these examinations for the County Council. During the year 53 such cases were dealt with; the number in 1931 was 38.

Facilities for X-ray examination are also provided at the Lord Mayor Treloar Cripples' Hospital, Alton, and patients who attend for examination by Sir Henry Gauvain are X-rayed when necessary. These cases are not included in the figure given above.

Bacteriological Diagnosis.

Outfits for the collection of samples of sputum are supplied to all Medical Practitioners and the samples are examined free of charge in the County Laboratory. The number of specimens of sputum examined in recent years is as follows:—

1925	...	...	...	...	1219
1926	...	...	...	...	1563
1927	...	...	...	...	1753
1928	...	...	...	...	1821
1929	...	...	...	...	2016
1930	...	...	...	...	1923
1931	...	...	...	...	2287
1932	...	...	...	...	2316

Of the total of 2,316 specimens examined in the year 1932, 628 were found to contain tubercle bacilli.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

Public Health Act, 1925 (Section 62).

No action was taken during the year 1932, under the above.

Inspection and Supervision of Food.

Milk.

Clean and wholesome milk cannot be obtained with ease, so much depending on individual attention to detail. The efforts of the Local Sanitary Authorities, the County Agricultural Organiser and the County Public Health Department towards this ideal are all required.

The following table shows the work of Local Sanitary Authorities during 1932. The great variation in the frequency of inspection of cowkeepers is to be noted. The importance of cleanly production and sanitary environment for the cow is just as great as, if not greater than, the importance of a hygienically run dairy.

During the past year there have been unusual difficulties in carrying out the Sanitary work of many Local Authorities owing to the changes in their boundaries and in their Medical and Sanitary Staff. Nor is there much less difficulty this year because of the extra work attached to housing surveys and schemes. At all times in a scattered and thinly populated district such as are some in this County, it is difficult to inspect cowkeepers as much as it would seem advisable.

To this table is added the number of samples of milk sent in for examination for tubercle bacilli, and the result, which last year were recorded separately.

URBAN.

District	No. of Dairy Farm or Cowkeepers	Approx. No. of Cows	No. of Inspections made during year	Samples Sent	Number Positive in 1932
Aldershot	4	68	30	9	3
Alton	14	280	33	9	1
Andover	10	200	15	1	1
Basingstoke	7	190	16	4	
Christchurch	22	420	38	8	1
Eastleigh	25	563	95	2	
Fareham	59	900	113	19	
Farnborough	8	200	51	5	
Fleet	5	56	18	4	
Gosport	16	266	189	25	
Havant & Waterloo ...	65	780	80	13	
Lymington	93	1000	148	21	
Petersfield	24	350	82	8	1
Romsey	7	110	Nil	5	
Winchester	12	240	21	6	
Totals ...	371	5643	929	139	7

RURAL.

Alton	183	Not known	345	21	
Andover	80	1468	81	25	
Basingstoke	164	3400	221	18	
Droxford	321	3000	340	34	
Hartley Wintney ...	165	2000	98	25	1
Kingsclere & Whitchurch	209	2386	311	44	2
New Forest	317	2724	406	111	2
Petersfield	180	3160	393	38	2
Ringwood & Fordingbridge ...	282	4000	320	96	2
Romsey & Stockbridge	207	4000	172	67	
Winchester	270	3500	629	93	6
Totals ...	2378	29638	3316	572	15
Combined Totals ...	2749	35281	4245	711	22

Register of Accredited Milk Producers.

The County Clean Milk Competitions have continued, and the County Agricultural Organiser has been good enough to forward me the following report:—

“Thirty-seven producers who were eligible through gaining Certificates in previous Clean Milk Competitions applied for registration on 1st January, 1932. During the following 12 months nine ‘farmers’ and 3 ‘surprise’ samples were submitted for bacteriological examination, and 2 inspection visits were made by members of the agricultural education staff.

“Of a total of 444 samples examined, 70.7 per cent. reached the required standard; a rather lower percentage than was obtained during the 1931 registration period, when samples from herds licenced for the production of graded milks were included.

“A large percentage of samples taken during July and August failed to conform to the standards, owing largely to the weather conditions then prevailing.

“Fifteen producers were suspended from the Register in September, 13 of which were later reinstated. The names of 2 producers were removed in November.

General Observations.

“A high standard of efficiency was attained on the majority of farms, and the milkers in particular showed a keen personal interest in their work—an essential factor for success.

“Lime-washing, which acts as a disinfectant, and also shows up any collection of dust, has generally received attention. The removal of soiled bedding before milking, and the feeding of long fodder, practiced in some cases before morning milking, contaminates the air with dust. Ventilation and light were inadequate in some instances and better artificial lighting is necessary for morning milking. A hot stuffy atmosphere is not good for the cow or for milk production.

“The equipment used on most farms was good. Practically all producers used covered pails and strainers, the filtering medium of which can be discarded after use. Steam was available on the majority of farms, but better results would be obtained if utensils were sterilised twice a day. A further point should be mentioned here, namely wooden milking stools, which should not be put into the steaming tank under any conditions. Wood will not rise to sterilising temperature for a very long time, and when the prescribed time for the sterilisation of metal pails and cooler is over, the stools are still far from being sterile. Contaminated water then drops from the stools over the other utensils, thus undoing the work of complete sterilisation, and invariably causing high milk counts and showing the presence of bacillus coli. Wash and scrub wooden milking stools once a day—they may not be sterile, but they will at least allow other utensils to be sterile.

“This is the third year in which the scheme has operated, and it was apparent that producers were keen to obtain the best possible results throughout the registration period.

Bacteriologist.

“On looking through the results of the 1932 Accredited Tests one outstanding point was the uneven quality of the milk from season to season. During the cold weather from January to March, 97 per cent. of the samples reached a standard of not more than 200,000 bacteria per c.c., with no B.coli in 1/100 c.c. This result is excellent and shows that the methods of production in use at that time were adequate. In the result for the next three months (April to June) we find that only 45 per cent. of the samples reached this standard. Of the summer period (July to September) only 17 per cent. reached the above standard, which showed that the methods needed revision. With the return of the colder weather a considerable improvement took place, as 72 per cent. of the samples submitted had not more than 200,000 bacteria per c.c.—but the January to March figures were not attained.

“These results are shown below in table form:—

Year.		1932.							
Month.		1st Quarter Jan.-Mar.		2nd Quarter Apr.-Jun.		3rd Quarter Jul.-Sep.		4th Quarter Oct.-Dec.	
Percentage of samples having	Less than 200,000 per c.c.	97%	...	45%	...	17%	...	72%	
	No. B.Coli in 1/100 c.c.	97%	...	45%	...	17%	...	72%	
	More than 200,000 per c.c.	3%	...	55%	...	83%	...	28%	
	B.Coli present in 1/100 or 1/1000 c.c.	3%	...	55%	...	83%	...	28%	

"A glance at this table will make it abundantly clear that in the second and third quarters of the year the methods were inadequate if we are to judge by the quality of the milk produced and that in the last quarter the methods had to all appearances improved but did not reach the pitch of perfection of those in the first quarter.

"To put the case in another way, the same or almost the same methods were used throughout but conditions arose which necessitated an alteration in methods which in fact did not occur.

"It is probable that the most important change in conditions was the increase in temperature of the air. Well cooled milk in cold weather will remain at such a temperature that the multiplication of bacteria is very slow so that the difference in the bacterial count of milk as it leaves the dairy and as it is tested 24 hours later at the laboratory is comparatively small. On the other hand similar milk in hot weather may show very great differences in count during this 24-hour period as the milk quickly reaches a temperature sufficiently high to encourage bacterial growth and multiplication. With this knowledge in mind, precautions should be taken to keep the initial count of the milk as low as possible when it leaves the dairy so that the consequent multiplication will not result in excessive bacterial counts during the spring and summer.

"It might be argued that the sample as it arrives at the laboratory is not in a similar condition to milk left in a churn during that period, but experience shows that the bacterial count of a milk sample, transported and tested as these samples were, is an adequate measure of the quality of the milk in the churn and of the conditions of production and that if the laboratory result is not above criticism neither is the quality of the milk in the churn. After all, the laboratory examination of samples in this scheme is not an attempt to show accurately the condition of the milk as it reaches the dairy or the consumer; it is an attempt to show where the methods of production are inadequate and to point the way to improvements so that the milk will reach the dairy or the consumer in a wholesome condition.

"In order to counteract the effect of the temperature of the atmosphere the methods can be improved in many ways.

"Particular attention should be paid to the cooling of the milk and to the temperature and storage. To expedite and improve the grooming of the cows the hair on the hindquarters and udders should be closely clipped. Dry handed milking should be rigidly adhered to, and the milkers should take special care with washing and drying of their hands.

"In anticipation of warm weather, the cowsheds and dairy should be thoroughly spring-cleaned. The floors should be kept clean and damp during milking, and dust-laden draughts should be avoided.

"The washing and sterilisation of utensils should receive more care. Properly sterilised utensils should be dry. This necessitates not only that the steam should be kept at 210° F. for at least 10 minutes—as a special precaution in warm weather the time may be increased to fifteen or twenty minutes—but that the chest should be opened immediately the steaming period is over and the opening covered with a sterile cloth.

"All utensils such as bottles, pails and churns should be steamed in an inverted position and the milk filter should be completely assembled before sterilisation. Good management of the boiler and steam chest is highly important, if the sterilisation is to be efficient.

"In conclusion, if one is to judge by the results of the tests during January, February and March, the methods required to produce clean milk are appreciated, and for this reason it would appear that on those farms where deterioration in the quality of the spring and summer milk took place the fault lay entirely with the producers or with the workers and in their failure to adapt their methods to conditions."

The Register of Accredited Milk Producers is used by this Department in connection with the supply of extra nourishment to specially recommended cases of persons suffering from tuberculosis, supplies to milk clubs in the County Elementary Schools and Maternity and Child Welfare Centres, who, through their own locally raised funds, provide milk to expectant and nursing mothers.

Milk and Dairies (Amendment) Act, 1922.

Milk (Special Designations) Order, 1923.

Under the Order of 1923, certain grades of milk are authorised to be sold under licence. The licences require a fairly high standard of purity and cleanliness, and demand expenditure of time, care and money of the producer. Section 3 of the Act makes it an offence for any producer to apply a descrip-

tion to his milk which even resembles the description accorded to graded milks. There has been a tendency for certain producers to describe their products as "Milk from Tuberculin Tested Cows" which is, undoubtedly, a description resembling one of those in the graded milk list. The attention of all Authorities was drawn to the matter in 1931, but no Authority has found it necessary to take legal proceedings during the year under review.

The number of licenced producers of graded milks in the County is 19.

The number of licences to sell graded milks is 36 while the number of licences to sell pasteurised milk is 9.

Tuberculous Milk.

As has been stated in previous reports, veterinary inspections of milk producing herds are carried out as a result of suspicion arising in three ways:—

- (1) Notification of the finding of infected milk in areas without the County, the milk being produced within the County;
- (2) The discovery in the County of infected milk produced within the County;
- (3) The discovery of tubercle-infected carcasses of bovine animals or pigs.

With regard to (1) 14 (11) such notifications were received in 1932; they involved the inspection of 14 (8) herds, the examination of 434 (222) cows, and the taking and examination of 100 (85) samples of milk. As a result seven (five) cows were found to be giving tuberculous milk, and destroyed. The figures in brackets are the corresponding figures for 1931. It should be added that in two instances, notifications of infected milk were received from the London County Council where herds were already under observation as a result of sampling by Sanitary Inspectors of the Local Sanitary Authority: in such cases, credit has been given to the latter Authority.

The Medical Officer of Health of the London County Council has been good enough to furnish me with the following figures relating to the bacteriological examination of milk received in London from the County of Hampshire.

Year.			No. of samples Taken.	Percentage found to contain tubercle bacilli.	
1927	...	...	181	...	4.3
1928	...	...	151	...	5.08
1929	...	...	125	...	14.01
1930	...	...	177	...	8.6
1931	...	...	141	...	11.3
1932	...	...	155	...	11.1

With regard to (2), the advantage of regular sampling of milk at the source of production has always been urged, and the scheme approved by the County Council in July, 1930, and continued during 1932, included:—

- (1) The examination of a maximum number of 800 samples collected by the Sanitary Inspectors of the District Councils on a quota system, otherwise at random;
- (2) The payment to District Councils of out-of-pocket expenses together with one shilling per sample for the services of the Sanitary Inspector;
- (3) The examination of the samples biologically.

The work done in 1932 under this head is summarised in the following table. As a result of finding 22 samples infected, 1,083 animals were inspected, 362 samples were taken and examined, and fourteen cows were found to be giving tuberculous milk, and slaughtered. In addition two contributing herds situated in Surrey were examined by the Surrey County Council's Officers.

	1930.		1931.		1932.
Number of producers	2697	...	2691	...	2745
Samples received during the year ...	497	...	384	...	711
Percentage of producers sampled ...	18.4	...	14.2	...	25.9
Number of samples found positive ...	16	...	21	...	22
Percentage found positive	3.2	...	5.4	...	3.1
Approximate number of cows in herds sampled	6655	...	4812	...	9136
Number of cows found to be giving tuberculous milk	15	...	10	...	14
Percentage of cows giving tuberculous milk	0.22	...	0.207	...	0.15
Number of cows examined by veterinary surgeons	1259	...	1489	...	1083

As to (3) 90 (77) notifications were received from the following Authorities of the finding of tubercle-infected carcasses in slaughter houses.

Aldershot Borough ... ..	...	...	...	5 (1)
Alton Rural District Council ...	...	...	...	0 (2)
Basingstoke Rural District Council ...	...	...	...	8 (5)
Droxford Rural District Council ...	...	...	...	5 (9)
Fareham Urban District Council ...	...	...	...	14 (2)
Eastleigh Urban District Council ...	...	...	...	3 (0)
Farnborough Urban District Council ...	...	...	...	1 (0)
Gosport Borough ... ..	...	...	...	2 (2)
Lymington Rural District Council ...	...	...	...	0 (1)
New Forest Rural District Council ...	...	...	...	3 (2)
Romsey Urban District Council ...	...	...	...	19 (8)
Romsey & Stockbridge Rural District Council ...	...	...	...	0 (2)
Winchester City ... ..	...	...	...	29 (43)
Winchester Rural District Council ...	...	...	...	1 (0)

In 39 (32) cases visits were paid to the premises of the owner of the animal either by the Veterinary Surgeon or the Sanitary Inspector of the Local Sanitary Authority. I am glad to be able to recognise the valuable aid and the increasing measure of co-operation which has been offered by these very able officials. The notifications involved the examination of 917 (700) animals, and the taking and examination of 203 (181) samples of milk. As a result six (seven) cows were found to be infected and slaughtered. In 37 (42) cases no action was considered necessary, either because the pigs were cottagers' pigs, or there was no milking herd, or other similar circumstances. Figures in brackets are the corresponding figures for 1931.

The work done under the Tuberculosis Order for the year 1932 is shown in the appended table, which has been compiled from information given by the Clerk of the Council to the Ministry of Agriculture in his quarterly returns.

Analysis of Work Done during 1932 under Tuberculosis Order, 1925.

No. of Premises on which disease reported and NOT confirmed by Veterinary Inspector	No. of Premises on which disease declared and FOUND by Veterinary Inspectors	Total No. of Animals on Premises	Total No. of Animals examined on premises by Veterinary Inspectors	Total No. of Animals reported as diseased by Veterinary Inspector					No. of cases in which diagnosis was aided by tuberculin	Conclusions from Post Mortem.					
				A		B	C	D		E	A	B	C	D	E
				Having T.B. Udder	Giving T.B. Milk	Tuberculous Emaciation	Chronic cough and showing definite clinical signs of T.B.	Total		Having T.B. Udder	Giving T.B. Milk and showing lesions	Suffering from Emaciation	Affected, but not as A, B, or C.	Not affected	
17 (37)	83 (112)	Cows in Milk 1680 (3650)	95 (189)	13 (16)	10 (16)	22 (31)	17 (26)	62 (89)	(a) 21 (31) (b) 5 (13)	35 (45)	2 (2)	16 (19)	9 (20)	— (3)	
		40 (73)	1 (3)	2 (1)	14 (26)	12 (9)	29 (39)	7 (18) 1 (11)	6 (19)	— (—)	11 (14)	11 (5)	1 (1)		
		5 (3)	— (—)	— (—)	1 (—)	— (—)	1 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)		

Note.—Re Column “No. of cases in which diagnosis was aided by ‘Tuberculin,’” (a) including cases in which disease was reported but not confirmed by Veterinary Inspector. **Excluding** such cases the numbers are those shown under (b).
Number of cows dealt with under the Tuberculosis Order:—
(a) By routine sampling 14
(b) By following up notifications of tuberculous carcasses 6
(c) By following up notifications of the finding of tuberculous milk by outside Authorities 7
— 27

Food and Drugs Acts

Samples for examination under the Food and Drugs Acts are taken by the County Inspectors acting under the direction and supervision of the County Medical Officer. The County is divided into two parts for this purpose, and the Inspectors reside at Basingstoke and Southampton respectively. During the year 1,415 samples were taken, and of these 38, or 2.68 per cent. were found on analysis to be unsatisfactory. (The corresponding figures for 1931 were:—Samples taken, 1,335; samples unsatisfactory, 34 or 2.53 per cent.). The unsatisfactory samples consisted of Whisky 1, Gin 2, Sweet Nitre 3, New Milk 26, Sausage 2 and Syrup of Figs 4. Of the 1,415 samples, 820, or approximately 58 per cent. were milk samples. The standard of milk is, generally speaking, satisfactory. Milk is also subject to test (bacteriologically) under the Milk and Dairies Act, and this subject is dealt with on page 77.

Presecutions.

Three prosecutions were undertaken during the year, one in respect of Sweet Spirit of Nitre (fine 10/- and 12/6 analyst's fee), another in respect of New Milk (fine £10 and 12/6 costs) and the third in respect of Whisky. In this third case, the proprietress of the House was fined 16/6 and 12/6 analyst's fee, and the barman who served the whisky, £2.

The following statement shows all samples taken during the year and the percentage unsatisfactory, and compares the present with the preceding year.

Article	1931						1932					
	Formal			Informal			Formal			Informal		
	Exam- ined	Unsatis- factory	Percent- age unsatis- factory	Exam- ined	Unsatis- factory	Percent- age unsatis- factory	Exam- ined	Unsatis- factory	Percent- age unsatis- factory	Exam- ined	Unsatis- factory	Percent- age unsatis- factory
Ale	—	—	—	1	—	—	—	—	—	—	—	—
Amon. Tinct. Quinine Tabs.	—	—	—	—	—	—	—	—	—	1	—	—
Arrowroot	—	—	—	5	—	—	—	—	—	4	—	—
Aspirin	—	—	—	4	—	—	—	—	—	9	—	—
Baking Powder	—	—	—	—	—	—	—	—	—	4	—	—
Barley, Pearl	—	—	—	1	—	—	—	—	—	1	—	—
Beans, Baked	—	—	—	1	—	—	—	—	—	—	—	—
Beer	—	—	—	3	—	—	—	—	—	1	—	—
Bicarbonate of Soda	—	—	—	—	—	—	—	—	—	1	—	—
Biscuits, Cheese	—	—	—	1	—	—	—	—	—	—	—	—
Bismuth Tablets	—	—	—	1	—	—	—	—	—	3	—	—
Boracic Acid Powder	—	—	—	—	—	—	—	—	—	2	—	—
Boric Ointment	1	—	—	4	1	25	—	—	—	5	—	—
Brandy	—	—	—	7	—	—	1	—	—	1	—	—
Brawn	—	—	—	—	—	—	—	—	—	3	—	—
Bread	—	—	—	—	—	—	—	—	—	1	—	—
Bread and Butter	—	—	—	—	—	—	—	—	—	1	—	—
Butter	1	—	—	81	1	1.2	1	—	—	69	—	—
Buttered Gingers	—	—	—	1	—	—	—	—	—	—	—	—
Camphorated Oil	—	—	—	10	—	—	—	—	—	12	—	—
Candied Peel	—	—	—	1	—	—	—	—	—	2	—	—
Cascara	—	—	—	1	—	—	—	—	—	—	—	—
Castor Oil	—	—	—	2	—	—	—	—	—	3	—	—
Cherries, Crystallised	—	—	—	1	—	—	—	—	—	2	—	—
Cheese	2	—	—	34	—	—	—	—	—	14	—	—
Cheese, Cream	—	—	—	—	—	—	—	—	—	4	—	—
Cheese Snacks	—	—	—	—	—	—	—	—	—	1	—	—
Chicken and Ham Roll	—	—	—	1	—	—	—	—	—	—	—	—
Chocolate Eggs	—	—	—	—	—	—	—	—	—	1	—	—
Citrate of Magnesia	—	—	—	1	—	—	—	—	—	2	—	—
Citric Acid	—	—	—	1	—	—	—	—	—	—	—	—
Cinnamon Powder	—	—	—	—	—	—	—	—	—	2	—	—
Cocoa	—	—	—	7	—	—	—	—	—	11	—	—
Cocoanut	—	—	—	1	—	—	—	—	—	—	—	—
Coffee	—	—	—	18	—	—	—	—	—	12	—	—
Coffee and Chicory Essence	—	—	—	1	—	—	—	—	—	4	—	—
Cornflour	—	—	—	2	—	—	—	—	—	3	—	—
Cream	—	—	—	23	—	—	—	—	—	14	—	—
Cream (Tinned)	—	—	—	11	—	—	—	—	—	14	—	—
Cream of Tartar	—	—	—	2	—	—	—	—	—	3	—	—
Custard Powder	—	—	—	5	—	—	—	—	—	2	—	—
Dripping	—	—	—	2	—	—	—	—	—	6	—	—
Fish Paste	—	—	—	3	—	—	—	—	—	7	—	—
Flour	—	—	—	15	—	—	—	—	—	15	—	—
Flour (Self Raising)	—	—	—	8	—	—	—	—	—	6	—	—
Gin	4	2	50	5	1	20	2	1	50	5	1	20.0
Ginger	—	—	—	1	—	—	—	—	—	—	—	—
Ginger, Ground	—	—	—	5	—	—	—	—	—	8	—	—
Glycerine	—	—	—	3	—	—	—	—	—	3	—	—
Golden Syrup	—	—	—	3	—	—	—	—	—	2	—	—
Ground Almonds	—	—	—	2	—	—	—	—	—	2	—	—
Honey	—	—	—	9	—	—	—	—	—	5	—	—
Ice Cream	—	—	—	—	—	—	—	—	—	3	—	—
Iodine, Tincture of	—	—	—	1	—	—	—	—	—	3	—	—
Jam	1	—	—	28	1	3.57	1	—	—	37	—	—
Lard	—	—	—	31	—	—	—	—	—	32	—	—
Lemon Cheese	—	—	—	1	—	—	—	—	—	1	—	—
Lemon Curd	—	—	—	6	—	—	—	—	—	7	—	—
Liquorice Powder	—	—	—	—	—	—	—	—	—	1	—	—
Carried forward	9	2	—	355	4	—	5	1	50	355	1	—

Brought forward	9	2	—	355	4	—	5	1	50	355	1	—
Macaroni ...	—	—	—	1	—	—	—	—	—	—	—	—
Margarine ...	—	—	—	34	—	—	—	—	—	27	—	—
Marmalade ...	—	—	—	2	—	—	—	—	—	1	—	—
Meat Paste ...	—	—	—	—	—	—	—	—	—	3	—	—
Meat Pie ...	—	—	—	—	—	—	—	—	—	5	—	—
Mercury Ointment ...	—	—	—	1	—	—	—	—	—	1	—	—
Milk, New ...	398	20	5.05	348	—	—	674	20	2.97	140	6	4.28
Milk, Separated ...	—	—	—	2	—	—	4	—	—	—	—	—
Milk, Sterilised ...	—	—	—	2	—	—	—	—	—	2	—	—
Milk, Condensed or Evaporated ...	—	—	—	5	—	—	—	—	—	11	—	—
Mustard ...	—	—	—	3	—	—	—	—	—	—	—	—
Oats, Porridge ...	—	—	—	2	—	—	—	—	—	1	—	—
Olive Oil ...	—	—	—	7	—	—	—	—	—	4	—	—
Paregoric ...	—	—	—	2	—	—	—	—	—	3	—	—
Peas ...	—	—	—	5	—	—	—	—	—	12	—	—
Pepper ...	—	—	—	9	—	—	—	—	—	4	—	—
Polony ...	—	—	—	1	—	—	—	—	—	1	—	—
Powder, Baking ...	—	—	—	3	—	—	—	—	—	1	—	—
Powder, Seidlitz ...	—	—	—	3	—	—	—	—	—	2	—	—
Prescriptions ...	—	—	—	—	—	—	—	—	—	1	—	—
Puff, Paste ...	—	—	—	1	—	—	—	—	—	—	—	—
Quinine, Ammoniated Tincture of ...	—	—	—	8	—	—	—	—	—	11	—	—
Rice ...	—	—	—	4	—	—	—	—	—	4	—	—
Rice, Ground ...	—	—	—	5	—	—	—	—	—	4	—	—
Rum ...	—	—	—	7	—	—	2	—	—	7	—	—
Rum Wine ...	—	—	—	1	—	—	—	—	—	—	—	—
Sal Volatile ...	—	—	—	2	—	—	—	—	—	—	—	—
Salmon, Tinned ...	—	—	—	1	—	—	—	—	—	2	—	—
Salts, Epsom ...	—	—	—	—	—	—	—	—	—	1	—	—
Sardines ...	—	—	—	—	—	—	—	—	—	3	—	—
Sausage ...	2	2	100	28	1	3.57	3	1	33.3	37	1	2.70
Sausage, Seasoning ...	—	—	—	2	—	—	—	—	—	—	—	—
Sausage Skins ...	—	—	—	1	—	—	—	—	—	—	—	—
Sponge Cake ...	—	—	—	4	—	—	—	—	—	4	—	—
Suet ...	—	—	—	1	—	—	—	—	—	5	—	—
Suet, Shredded ...	2	2	100	7	1	14.3	—	—	—	4	—	—
Sugar, Demerara ...	—	—	—	7	—	—	—	—	—	5	—	—
Sugar, Icing ...	—	—	—	1	—	—	—	—	—	1	—	—
Sulphur, Milk of ...	—	—	—	1	—	—	—	—	—	1	—	—
Sweet Nitre ...	—	—	—	3	1	33.3	1	1	100	2	2	100
Sweets ...	—	—	—	—	—	—	—	—	—	1	—	—
Swiss Rolls ...	—	—	—	—	—	—	—	—	—	1	—	—
Syrup of Figs ...	—	—	—	1	—	—	1	1	100	9	3	33.3
Tapioca ...	—	—	—	1	—	—	—	—	—	1	—	—
Tea ...	—	—	—	29	—	—	—	—	—	15	—	—
Tinned Meat ...	—	—	—	—	—	—	—	—	—	2	—	—
Treacle, Black ...	—	—	—	1	—	—	—	—	—	7	—	—
Vinegar ...	—	—	—	2	—	—	1	—	—	8	—	—
Vinegar, Malt ...	—	—	—	7	—	—	—	—	—	2	—	—
Whisky ...	—	—	—	9	—	—	6	1	16.6	6	—	—
Whisky, Scotch ...	1	—	—	3	1	33.3	—	—	—	—	—	—
Wine, Ginger ...	—	—	—	1	—	—	—	—	—	—	—	—
	412	26	6.3	923	8	.87	699	25	3.59	716	13	1.81

Venereal Diseases

The arrangements for the treatment of patients suffering from venereal diseases have been slightly altered, as shown below. The clinic at Basingstoke was discontinued on May 3rd, owing to the falling off in attendance; facilities for such cases as arise from this neighbourhood exist at Aldershot, Reading and Winchester. From the 27th March this year (1933) the Monday clinic for men at Aldershot has been held at 5.30 p.m. to 7 p.m. Dr. McMath, one of the whole time medical officers of the County Council is now in charge of the male clinic here.

The accompanying tabular statement shows the days and times on which the various clinics were open in 1932. As has previously been mentioned, there is no restriction with regard to the attendance of patients, no letter or ticket is required, and all comers are attended free of charge. There is no evidence that a payment of a fee is desirable.

ALDERSHOT : 59, Victoria Road.

Women ... Mondays at 1.30 p.m.

Men ... Mondays and Thursdays at 10 a.m.

BOSCOMBE : The Royal West Hants Hospital.

Women ... Wednesdays and

Saturdays at 2 p.m.

Men ... Wednesdays and

Saturdays at 4 p.m.

PORTSMOUTH : The Royal Portsmouth Hospital.

Women ... Wednesdays at 2 p.m.

Fridays at 10 a.m.

Men ... Tuesdays at 5 p.m.

Wednesdays at 4 p.m.

Thursdays at 5 p.m.

READING : The Royal Berkshire Hospital.

Women ... Wednesdays at 5 p.m.

Saturdays at 3 p.m.

Men ... Wednesdays at 2 p.m.

Saturdays at 5 p.m.

SALISBURY : The Salisbury Infirmary.

Women ... Wednesdays at 6 p.m.

Saturdays at 11.30 a.m.

Men ... Tuesdays at 11.30 a.m.

Fridays at 6 p.m.

SOUTHAMPTON : Municipal Dispensary, 1, East Park Terrace.

Women ... Thursdays at 6 p.m.

Fridays at 2.30 p.m.

Men ... Mondays, Tuesdays,

Wednesdays and Fri-

days at 5 p.m.

23, East Park Terrace.

Women ... Thursdays at 6 p.m.

Fridays at 2.30 p.m.

WINCHESTER : The Royal Hants County Hospital.

Women ... Tuesdays at 2.30 p.m.

Men ... Saturdays at 2.30 p.m.

Medical Officer.

*Hilda Bond

J. C. Lindsay

R. V. Facey

A. Cambell

H. Le Marquand

J. L. Potts

H. C. Maurice
Williams

*W. J. Hart

Occasional cases are attended at Guildford.

*Whole-time Medical Officers of the County Council.

Number of New Cases of Syphilis attending the Venereal Diseases Clinics mentioned.

Clinic	Male							Female						
	1926	1927	1928	1929	1930	1931	1932	1926	1927	1928	1929	1930	1931	1932
Aldershot	12	19	11	16	11	6	4	3	9	9	10	5	2	2
Basingstoke*	4	3	1	4	1	1	—	3	3	—	5	3	2	—
Boscombe	34	38	32	43	49	36	64	14	12	32	24	35	31	39
Reading	45	35	30	41	57	79	49	34	25	19	20	58	46	15
Salisbury	18	19	24	22	22	14	11	17	14	20	13	11	15	3
Southampton	148	145	128	143	144	120	89	42	53	38	38	28	46	25
Winchester	10	16	9	4	8	7	1	8	4	3	2	9	4	1
Portsmouth	106	82	95	116	112	81	83	73	71	70	65	89	56	57
Totals	377	357	330	389	404	344	301	194	191	191	177	238	202	142

*Closed down 3rd May, 1932.

Total number of cases :—

Year	Male	Female	Grand Total	Hampshire Cases only
1926	377	194	571	80
1927	357	191	548	92
1928	330	191	521	68
1929	389	177	566	102
1930	404	238	642	121
1931	344	202	546	95
1932	301	142	443	68

Treatment of cases of Syphilis.

	1926	1927	1928	1929	1930	1931	1932
1. Total number of New Cases (all)	571	548	521	566	642	546	443
2. Number who ceased to attend :—							
(a) before completing treatment	207	172	170	162	367	325	312
(b) after completion but before final tests were made ...	88	93	98	69	152	64	89
3. Number discharged after completion of treatment and observation	123	96	120	100	161	112	98
4. Number transferred to other clinics or still under treatment or observation ...	669	551	629	706	1580	1662	1681
Summary of Items 2 (b) and 3 above ...	211	189	218	169	313	176	187
Proportion of Item 2 (a) to Items 2 (b) and 3 ...	1.0	0.9	0.8	0.9	1.1	1.8	1.7

The last line on this table gives some idea of the proportion of cases receiving adequate treatment; this was barely one-third the number discharged and but little improvement on last year.

Number of New Cases of Gonorrhoea attending the Venereal Diseases Clinics mentioned.

Clinic	Male							Female						
	1926	1927	1928	1929	1930	1931	1932	1926	1927	1928	1929	1930	1931	1932
Aldershot	14	17	15	12	16	12	10	5	7	3	11	10	7	13
Basingstoke*	8	1	3	3	5	1	—	2	2	—	1	—	—	—
Boscombe	95	89	127	119	154	124	131	36	25	48	44	67	51	66
Reading	66	62	83	114	105	89	97	14	17	29	46	42	58	32
Salisbury	29	31	45	32	29	29	28	4	5	12	17	11	19	9
Southampton	255	284	283	268	295	235	203	32	30	33	27	33	24	25
Winchester	11	12	17	18	11	10	5	5	4	5	2	9	4	—
Portsmouth	180	151	129	178	187	143	170	34	30	20	37	43	37	47
Totals	658	647	702	744	802	643	644	132	120	150	185	215	200	192

*Closed down 3rd May, 1932.

Total number of cases :—

Year—	Male	Female	Grand Total	Hampshire Cases only
1926	658	132	790	99
1927	647	120	767	79
1928	702	150	852	117
1929	744	185	929	128
1930	802	215	1017	155
1931	643	200	843	122
1932	644	192	836	110

Treatment of cases of Gonorrhoea.

	1926	1927	1928	1929	1930	1931	1932
1. Total number of New Cases (all) ...	790	767	852	929	1017	843	836
2. Number ceasing to attend :—							
(a) before completing treatment	158	141	103	99	472	467	341
(b) after completion but before final tests made ...	72	79	125	193	232	142	128
3. Number discharged after completion of treatment and observation	190	195	205	334	345	340	311
4. Number transferred to other clinics or still under treatment or observation	392	373	451	501	1223	1134	1205
Summary of Items 2 (b) and 3 above ...	262	274	330	527	577	482	439
Proportion of Item 2 (a) to Items 2 (b) and 3	0.6	0.5	0.3	0.2	0.8	1.0	0.8

The last line on this table gives some idea of the proportion of cases receiving adequate treatment. The proportion of defaulters ceasing to attend before completing treatment is still high.

The proportion of Gonorrhoea to Syphilis is shown in the following tables; there is still a large amount of Gonorrhoea evidently untreated.

Proportion of Gonorrhoea to Syphilis (all cases).

Male			1926	1927	1928	1929	1930	1931	1932
Syphilis	...	...	377	357	330	389	404	344	301
Gonorrhoea	...	...	658	647	702	744	802	643	644
			1.7	1.8	2.1	1.9	1.9	1.8	2.1
Female									
Syphilis	...	...	194	191	191	177	238	202	142
Gonorrhoea	...	...	132	120	150	185	215	200	192
			0.7	0.6	0.8	1.0	0.9	1.0	1.4
Hampshire Cases (M. and F.)									
Syphilis	...	...	80	92	68	102	121	95	68
Gonorrhoea	...	...	99	79	117	128	155	122	110
			1.1	0.8	1.7	1.2	1.2	1.3	1.6

The proportion of patients attending the venereal diseases clinics found to be infected remains constant at approximately two-thirds in the case of males and one-half in the case of females.

Male	1927	1927	1928	1929	1930	1931	1932
All new Venereal Disease Cases	1035	1004	1032	1133	1206	987	945
Non-Venereal Disease Cases	434	433	443	432	401	415	417
Total	1469	1437	1475	1565	1607	1402	1362
Proportion of total to Non-Venereal Disease ...	3.4	3.3	3.3	3.9	4.0	3.3	3.3
Female							
All new Venereal Disease Cases	326	311	341	362	453	402	334
Non-Venereal Disease Cases	337	302	314	352	375	384	358
Total	663	613	655	714	828	786	692
Proportion of total to Non-Venereal Disease ...	2.0	2.0	2.0	2.0	2.2	2.0	1.9

In-Patient Treatment.

In-patient treatment when required is provided at the London Lock Hospital and Salisbury General Infirmary. During 1932 two women were treated at the former at a cost of £21, and one woman, the latter, at a cost of £12. The Infirmary at Shirley Warren, Southampton, now under the control of the Southampton Public Health Committee also admits cases of venereal diseases.

The County Laboratory undertakes the examination of specimens for Wassermann reaction. During the year 1932, 1,813 such specimens were submitted from all sources; 873 from the County Venereal Diseases Clinics and the remainder as shown in the table:—

Syphilis, 1932.

Wassermann Reaction		Specimens sent in by General Practitioners and Medical Officers of Hospitals				
No. of Samples submitted	From whom	County or County Borough in which patients reside			Result of Test	
		Hampshire	Bournemouth	Dorset	Positive	Negative
425	Private Practitioner	281	79	65	81	344
396	Hospital ...	175	107	114	63	333
45	Dorset Mental Hospital ...	—	—	45	24	21
74	Hampshire Mental Hospital ...	74	—	—	25	49
Totals 940		530	186	224	193	747

There is little demand by private practitioners for the supply of arsenobenzen compounds; during the year 1932, only two such applications were made.

County Laboratories

As the laboratories were established as an agency for assisting in the prevention of infectious disease, it will be understood that a very large proportion of the work is carried out without charge, but there are certain services for which a charge is made and the scale is as follows:—

WATER—Chemical Analysis	...	...	...	10s. 6d. per sample.
Bacteriological Examination	...	...	...	10s. 6d. per sample.
Complete Examination	...	...	...	17s. 6d. per sample.
SEWAGE—Chemical Analysis	...	...	...	7s. 6d. per sample.
TAR—Chemical Analysis	...	...	...	£1 1s. 0d. per sample.
MILK—Chemical Analysis	...	...	...	2s. 0d. for the first sample and 1s. for each sample after the first sent in at the same time.
MILK—Estimation of Butter Fat	...	...	...	1s. 6d. for the first sample and 1s. for each sample after the first sent in at the same time.
MILK—Bacteriological Count	...	...	...	4s. 0d.
MILK—Examination for Tubercle Bacilli	...	...	...	(a) Microscopical 1s. 9d. (b) Biological 5s. 0d.
AUTOGENOUS VACCINES—				
Simple	...	...	...	£1 1s. 0d.
Compound	...	...	...	£2 2s. 0d.
Special rate for insured persons				£1 1s. 0d.
WASSERMANN REACTION, SMEARS FOR GONOCOCCI OR FOR SPIROCHAETES				
				Ministry of Health scale.

There are few comments to make on the work of the Laboratory in the past year. It will be noticed that the number of diphtheria swabs from schools is again smaller and that more examinations of tuberculosis sputa were made. The samples of milk examined biologically for tuberculosis were considerably more numerous. Examinations for ringworm have decreased in number because of the lessened prevalence of this complaint among school children. During 1932, no routine examination of school water supplies was made but will be carried out again this year (1933).

A certain amount of work has been carried out on the bacteriological examination of milk in co-operation with the Agricultural Organiser, Mr. L. G. Troup, mainly to determine the possibility of using the Frost Little plate method in preference to the standard plate. So far, no definite conclusions as to the reliability have been reached.

Bacteriological Examinations.

Specimens	Quarter ended				Year ended			1932 TOTAL	1931 TOTAL
	31st M'ch, 1932	30th June, 1932	30th Sept., 1932	31st Dec., 1932	31st December, 1932				
					Result				
					Positive	Negative	Doubtful Positive		
Diphtheria (Swabs) Schools ...	994	395	104	1081	47	2527	—	2574	} 2838
„ „ Other ...	716	945	794	854	337	2972	—	3309	
Tuberculosis (Sputa) ...	650	664	508	494	628	1688	—	2316	2287
Typhoid, Blood for ...	54	75	156	75	27	333	—	360	299
Wassermann Reaction (Blood)	386	445	422	437	335	1266	89	1690	} 1744
„ „ (C.S.F.)	28	30	38	27	35	88	—	123	
Smears for Gonococci ...	101	83	110	106	83	317	—	400	367
Smears for Spirochaetes ...	1	—	1	—	—	2	—	2	4
Cerebro-Spinal Fluid ...	3	9	5	4	—	—	—	21	} 22
(Cell counts)	1	7	4	2	—	—	—	14	
Milk for Tuberculosis (Routine)	2	1	5	—	—	8	—	8	} 14
„ „ „ (Microscopical)	1	1	2	1	—	5	—	5	
„ „ „ (Milk & Dairies Act & Order)	46	27	58	86	10	207	—	217	
„ „ „ (Biological Tests)	146	183	365	440	60	1074	—	1134	
Ringworm, Schools ...	39	61	60	36	74	122	—	196	} 268
„ other ...	1	1	—	1	—	3	—	3	
Vaccines	27	17	32	38	—	—	—	114	76
Pathological and other speci- mens	151	151	164	210	—	—	—	676	520
Urine	77	96	93	135	—	—	—	401	352
Waters for Architect ...	—	—	—	1	—	—	—	1	13
Waters for Surveyor ...	—	—	—	—	—	—	—	—	1
Waters for Schools ...	61	14	10	5	—	—	—	90	200
Other Waters	73	65	95	112	—	—	—	345	327
Waters for C.M.O. ...	—	8	1	—	—	—	—	9	34
TOTAL	3558	3278	3027	4145	—	—	—	14008	14683

Chemical Analyses, Etc.

Specimens	Quarter ended				Year ended 31st Dec., 1932	Year ended 31st Dec., 1931
	31st March, 1932	30th June, 1932	30th Sept., 1932	31st Dec., 1932		
Waters for Architect	—	—	—	1	1	17
Waters for Surveyor	—	—	—	—	—	2
Waters for Schools	61	14	10	5	90	200
Other Waters	89	77	115	114	395	409
Waters for C.M.O.	—	8	1	—	9	36
Tar for Surveyor	1	—	—	—	1	37
Milk (Chemical)	2	5	13	4	24	56
„ (Grade “A”)	7	7	35	11	60	44
Sewage for District Councils ...	6	4	1	23	34	28
Other Material	65	29	48	415	557	135
TOTAL ...	231	144	223	573	1171	964

Laboratory Examinations.

The laboratory facilities provided by the Public Health Committee are available when required by the school medical service, an appropriate payment being made to the Public Health account. The examinations made are mostly in connection with the occurrence of diphtheria and ringworm.

Period	Swabs for Diphtheria			Hairs for Ringworm		
	Positive	Negative	Total	Positive	Negative	Total
Quarter ended 31st March, 1932 ...	8	986	994	10	29	39
Quarter ended 30th June, 1932 ...	5	390	395	21	40	61
Quarter ended 30th September, 1932	4	100	104	34	26	60
Quarter ended 31st December, 1932	30	1051	1081	9	27	36
Total 1932	47	2527	2574	74	122	196
Total 1931	64	2774	2838	96	172	268
Total 1930	44	3176	3220	87	175	262

Special Examinations

During the year 1932, 38 medical examinations have been made in connection with the County Superannuation Scheme, and reports have been submitted to the Committees concerned.

During the same period, two medical examinations have been made in the case of workmen injured, or alleged to have been injured, in the course of their employment, and reports have been furnished. Two examinations were also made in connection with a case in which the question of liability for compensation might arise at a future date.

The number of medical examinations of teachers and candidates for teaching appointments was 15.

Three examinations have also been made in connection with a child alleged to have been injured while being conveyed to School.

H. LESLIE CRONK,
County Medical Officer.

